SEEC FORM 20

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

Page 1 of 17

	COVE	R PAGET 12 D 1-0	ļ	
1. NAME OF COMMITTEE		STAMFORD TOWN CLER		
Caroline Simm	nons for may	YOU TOWN CLER	K	
2. TREASURER NAME				
First	MI	Last Kagan		Suffix
3. TREASURER ADDRESS				
Street Address 141 VInt Ro	oad S	itamford	State	Zip Code 06905
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete only	if Candidate Committee)		6. DISTRICT NUMBER
(mm/dd/yyyy) 1110212621	mayor			(if applicable)
7. CANDIDATE NAME (Complete only if				
Caroline	MI	Simmons		Suffix
8. TYPE OF REPORT (Check One Box)				
☐ January 10 filing	☐ 7th day preceding primary	☐ 7th day preceding referendum	☐ Initial Cont (PACs ONLY)	tribution or Disbursement
☐ April 10 filing	☐ 30 days following primary	☐ 45 days following referendum	☐ Amendmen	nt to
☐ July 10 filing	☐ 7th day preceding election	☐ Deficit	Type of Rep	port:
October 10 filing	☐ 12th day preceding election (State Central Committees Only)	☐ Termination	:	
☐ 24 Hour Independent Expenditure O Primary O Election	☐ 45 days following election not held in November			
9. PERIOD COVERED				
	Beginning Date	Ending Date		
-	9/6/21	thru 9/30/21		
10. CERTIFICATION				ings of a result of
I hereby certify and state, under p Disclosure Statement for the per		all of the information set forth on th and complete.	is Itemized Car	mpaign Finance
delhhaech TREASURER OR DEPUTY FREASURE	ER (SIGNATURE) PRIN	Pan Kagan It name of signed		10/10/21 DATE (mm/dd/yyyy)
			110, =0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
A person who is	found to have knowingly and w	illfully violated any provisions of the	e campaign find	ance statutes

faces a civil penalty or imprisonment or both.

SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT						
Caroline Immons for mayor	OCHOPEN 10 5/105						
	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	48,100.00					
14. Receipts from Other Committees (Sections C1 and C2)	\$3,750.00	48,100.00					
15. Other Monetary Receipts (Sections D through K)	3 -						
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)							
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed	V 11	Print Akadimin					
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)	1183,681.23	\$429,606.49					
19. Expenses Paid by Committee (Section P)	436,548.67	\$282,500.33					
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$147,133:16	1 147, 133, 16					
21. In-Kind Donations not Considered Contributions Received (Section L4)							
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	\$800	t/200.					
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					
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$					
B. Itemized Contributions from Individuals								
Last Name	Fin					MI		
Friesen		anet		Lo	Ta: d			
	City	tecito		State	Zip (108		
2711 Bella Vista Drive	IVIOIT	•		ICA_	1 93	100		
Principal Occupation Not employed		Name of Employer None						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of Standard Time Time Time Time Time Time Time Time	to a can is assoc	I didate for a chief executive siated with have a contract OYes ONo	officer of a municipal with said municipality		Amount of Contribution \$500.00			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a s If yes, indicate which bran of government the contract	nch or b	oranches	CLegislative					
Method of Contribution:		Date Received	Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	09/06/2021	\$500.00					
Last Name	Fir	st				MI		
Wenner	Ja	ane						
111111111111111111111111111111111111111	City			State	Zip (
364 Further Lane	East F	Hampton		NY	119	937		
Principal Occupation		Name of Employer						
Publishing		Straight Arrow LLC						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a can is assoc	didate for a chief executive ciated with have a contract Yes No	e officer of a municipal with said municipality		ount o	f Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of a section L1? If yes, indicate which brain of government the contract	nch or l	branches	e contractor? SY Legislative	es Io				
Method of Contribution:		Date Received	Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	9/7/2021	\$500.00					
Last Name	Fir					MI		
Douglas	^_	Nichael						
	City	V. d.		State	1 '	Code		
, , , , , , , , , , , , , , , , , , , ,	New			NY	10	018		
Principal Occupation Actor		Name of Employer						
	to a cor	1	e officer of a municipal	ity A m	ount o	f Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	is assoc	ciated with have a contract O Yes O No	with said municipality		0.00	Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of a section L1? If yes, list Event #	nch or l	branches	o Chegislative					
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order	Date Received 9/7/2021	Aggregate Contributions \$500.00					
SUBT	ГОТА	L Section B — This	Page \$1,500.00					
TOTAL	L of a	dditional Section B F	ages					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)								

Section B ADDITIONAL PAGE 1 of 126

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	1157.11		TYPE OF REPORT			
Caroline Simmons for Mayor			Octob	er 10 fi	ling	
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$	\$ 0.00		
B. Itemized Co.	ntrib	utions from Individ	duals			
Last Name	Fi	rst			MI	
Midler		Bette			In: a l	
Residential Street Address	City			State	Zip Code	
700 12th Avenue South, 201	Nash			TN	37203	
Principal Occupation		Name of Employer				
Entertainer		self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car is asso	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contraction.	nch or	branches	e contractor? Yes No		\$500.00	
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Order	9/7/2021	\$500.00			
Last Name	Fi	rst		-	MI	
Clark	ļκ	athryn				
Residential Street Address	City			State	Zip Code	
59 Holbrook Drive	Stan	nford		CT	06906	
Principal Occupation		Name of Employer				
Retired		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a ffyes, indicate which bra of government the contra	anch or	branches	e contractor? ☐ Yes ☐ No ☐ Legislative		\$25.00	
Method of Contribution:	100 15 111	Date Received	Aggregate Contributions	=		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Order	9/7/2021	\$50.00			
Last Name		irst			MI	
Tarantino		Shira				
Residential Street Address	City			State	Zip Code	
455 Hope Street, 4D	1 '	mford		СТ	06906	
Principal Occupation	-	Name of Employer				
Homemaker		Homemaker				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	/, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra	anch or	branches	e contractor? ☐ Yes ☐ No ☐ Legislative		\$75.00	
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Order	9/7/2021	\$695.00			
SUB	TOTA	AL Section B — This	Page	\$600.0	00	
TOTA	Lofa	dditional Section B F	Pages			
TOTAL OF ALL CONTRIBUTIONS FROM		DIVIDUALS (Sections A lumn A of Summary Page	A + B) Totals) 4 48	354	1	
(Enter total on Line	15, 00	min A of Summary Page	1011113)	ا د ر		

Section B ADDITIONAL PAGE ___2

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TY			TYPE OF REPORT	PE OF REPORT		
Caroline Simmons for Mayor			Octo	ber 10 fi	ling	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$	0.00		
B. Itemized Con	ntrib	utions from Indivi	duals			
Last Name	Fi	rst			MI	
Cimino		Emma				
Residential Street Address	City			State	Zip Code	
115 Tennessee Ave NE	Was	hington		DC	20002	
Principal Occupation		Name of Employer				
Legislative Aide		US Senate				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?				ty, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a structure of the section of the section L1? Yes Is contributor a principal of a structure of the section L1?	ich or l	branches	■ No		\$25.00	
If yes, list Event # of government the contract	t is wit		☐ Legislative			
Method of Contribution:	o .	Date Received 9/7/2021	Aggregate Contributions			
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money			\$25.00			
Last Name	- 1	rst			MI	
Shepherd		1adeline		102		
	City			State	Zip Code	
,	Stam	nford		CT	06905	
Principal Occupation		Name of Employer				
Retired		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?				y, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # No Is contributor a principal of a s If yes, indicate which bran of government the contrac	nch or	branches	e contractor? Ye		\$75.00	
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	9/7/2021	\$805.00			
Last Name	Fin	rst	,		MI	
Maloney	D	Daniel				
Residential Street Address	City			State	Zip Code	
120 Woodridge Dr S	Stan	nford		CT	06902	
Principal Occupation		Name of Employer				
Product manager		Virgin Pulse				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?				ty. Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a surface which bran of government the contract	ch or l	branches th: Executive	☐ Legislative		\$25.00	
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	9/8/2021	\$150.00			
SUBT	ОТА	L Section B — This	Page	\$125.0	0	
TOTAL	of a	dditional Section B P	ages			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1.		IVIDUALS (Sections A Jumn A of Summary Page 2		854		

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository	v)			TYPE (F 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			\$	0.00				
B. Itemized C	Cont	ribu	utions from Individ	duals		;-Uni	uZ .	
Last Name		Fir.	st					MI
Van Eick		ļι	Lynn					
Residential Street Address	Ci	ty				State	Zip	Code
33 Palmer Street	s	tam	nford			СТ		06907
Principal Occupation			Name of Employer					
retired			retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?						Amo	unt o	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of If yes, indicate which to of government the con	orancl	h or b	oranches		No No		\$	55.00
yy,	itiaci i	S WILL	Date Received		e Contributions	-		
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mo	nov O	rder	9/8/2021	\$5.00				
	iley O	Firs		Ψ0.00	, 			Тмі
Last Name Wilson			ita					IVII
Residential Street Address	Cit					State	Zin	Code
9100 Wilshire Boulevard, 1000W		•	rly Hills			CA	Lip	90212
Principal Occupation			Name of Employer					
ACTOR			Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?						, Amo	unt o	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? No If yes, indicate which of government the core	branc	h or l	branches		■ No		\$5	00.00
Method of Contribution:			Date Received	Aggregate	e Contributions			
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Mo	ney O	rder	9/8/2021	\$500	.00			
Last Name		Fin	st			*		MI
Fink		Je	esse M					
Residential Street Address	Ci	ty				State	Zip	Code
1135 Post Road East	[ν	Vest	tport			СТ		06880
Principal Occupation			Name of Employer				-	
Non-Executive Chairman			MissionPoint Parti	ners				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?						, Amo	unt o	of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes	branci	h or b	h: Executive	☐ Legi	■ No slative		\$1,	00.00
Method of Contribution:			Date Received	-	e Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mo	ney O	rder	9/9/2021	\$1,00	00.00		_	
SU	втс	OTA	L Section B — This	Page	9	31,505.	00	
тот	AL	of ac	dditional Section B P	ages				
TOTAL OF ALL CONTRIBUTIONS FR (Enter total on Li			IVIDUALS (Sections A umn A of Summary Page 2		\$148,	854		

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TY			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			\$	0.00			
B. Itemized Con	ntrib	outions from Indivi	duals		H		
Last Name	Fi	irst				MI	
Salzman		Marian					
Residential Street Address	City				State	Zip Code	
19 Hilltop Road	Norv	walk			CT	06854	
Principal Occupation		Name of Employer			-	L)	
Senior Vice President, Global Communications		Philip Morris Inter	nationa	al			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					, Amo	unt of Contributio	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a section L1? No If yes, indicate which branches in Section L1?	state co	ontractor or prospective state	e contrac	tor?		\$500.00	
If yes, list Event # of government the contract			☐ Legi	slative			
Method of Contribution:		Date Received	Aggregat	e Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	9/8/2021	\$500	.00			
Last Name	Fi	irst				MI	
Turner	s	Sally					
Residential Street Address	City				State	Zip Code	
275 Lake Avenue		enwich			CT	06830	
Principal Occupation		Name of Employer				V-	
Retired Retired							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?					, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which brain of government the contract	nch or	branches		Mo No		\$25.00	
Method of Contribution:		Date Received	Aggregate	Contributions	1		
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money	Order	9/8/2021	\$275	.00			
Last Name	Fi	irst				MI	
Obrien	N	Mary				(
Residential Street Address	City				State	Zip Code	
145 Muhlenbrink Road	Colt	s Neck			NJ	07722	
Principal Occupation		Name of Employer				<u> </u>	
administration		Thrill Hill Recording	na				
				0 11	T .		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor?					\$500.00		
Method of Contribution:		Date Received		e Contributions			
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	9/9/2021	\$500	.00			
SUBT	OTA	AL Section B — This	Page	\$	1,025.0	00	
TOTAL	of a	dditional Section B P	ages				
TOTAL OF ALL CONTRIBUTIONS FROM		DIVIDUALS (Sections A		\$148,	854		

Section B ADDITIONAL PAGE 5 of 2



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	76		TYPE OF REPORT				
Caroline Simmons for Mayor	Octob	October 10 filing					
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$	0.00)		
B. Itemized Contributions from Individuals							
Last Name		First			MI		
Bieler		Charles					
Residential Street Address	City			State	Zip Code		
212 West 112th St	Ne	w York		NY	10026		
Principal Occupation		Name of Employer					
entrepreneur		self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a c	candidate for a chief executive sociated with have a contract Yes No	e officer of a municipalit with said municipality	y, Amo	ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra	anch o	or branches	e contractor? ☐ Yes ☐ No ☐ Legislative		\$500.00		
Method of Contribution:		Date Received	Aggregate Contributions	-			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Orde		\$500.00				
Last Name		First			MI		
Wenner	- 1	Theo					
Residential Street Address	City			State	Zip Code		
11 Mason Avenue	1 1	coln Park		NJ	07035		
Principal Occupation		Name of Employer		1			
Artist		Theo Wenner LLC					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y. Amo	ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a lf yes, indicate which brateful of government the contral of government the government the government the contral of government the gover	anch c		e contractor? ☐ Yes ☐ No ☐ Legislative		\$500.00		
Method of Contribution:		Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Orde	er 9/8/2021	\$500.00				
Last Name	T	First		-	MI		
Diamond		Mark					
Residential Street Address	City			State	Zip Code		
24 West Trail	Sta	amford		СТ	06903		
Principal Occupation	1	Name of Employer			ii.		
attorney		Mark Diamond					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contribution		
Is this contribution associated with an Vas II contributor a principal of a state contractor or prospective state contractor?					\$250.00		
Method of Contribution:		Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Orde	er 9/10/2021	\$250.00				
SUB	тот	TAL Section B — This	Page	\$1,250.	00		
TOTA	L of	additional Section B P	ages				
	_						
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		DIVIDUALS (Sections A Column A of Summary Page		1821	4		

Section B ADDITIONAL PAGE 6 of 104

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		WILL AND A STATE OF THE STATE O	TYPE OF REPORT				
Caroline Simmons for Mayor			October 10 filing				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$	0.00			
B. Itemized Con	ntrib	utions from Indivi	duals				
Last Name	Fir	rst			MI		
Chambang		Nyanthiol					
Residential Street Address	City			State	Zip Code		
75 Tresser Boulevard, 417	Stam	nford		CT	06901		
Principal Occupation		Name of Employer					
Quality Control Manager		KW Griffen Comp	any				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a can	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	/ Amoi	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a second reported in Section L1? No If yes, list Event #	ich or t	branches	e contractor?		\$100.00		
Method of Contribution:		Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	9/11/2021	\$100.00	1			
Last Name	Fir	rst			MI		
Adler	E	rica					
	City			State	Zip Code		
7 Owenoke Park	West	tport		CT	06880		
Principal Occupation		Name of Employer					
Therapist		Erica Justine Adle	er				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a can	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	Amou	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which brain of government the contraction.	nch or	branches	e contractor? Yes No Legislative		\$75.00		
Method of Contribution:		Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	9/12/2021	\$75.00				
Last Name	Fir	rst		•	MI		
Bronfman	Je	oanna					
Residential Street Address	City			State	Zip Code		
7 Lincoln Ave	Gree	enwich		СТ	06830		
Principal Occupation		Name of Employer					
Social Worker		Backcountry Wells	ness				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car is assoc	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	Amoi	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #3					\$250.00		
Method of Contribution:	0-1	Date Received	Aggregate Contributions \$250.00				
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	9/12/2021	φ230.00				
SUBT	ГОТА	L Section B — This	Page	\$425.0	0		
TOTAL	ofac	dditional Section B I	Pages				
TOTAL OF ALL CONTRIBUTIONS FROM		IVIDUALS (Sections A Jumn A of Summary Page	A + B) Totals)	18, 8	354		

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		Octob	October 10 filing		
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ed this Period ONLY SUBTOTAL SECTION A	\$	0.00		
B. Itemized Co.	ntributions from Indivi	duals			
Last Name	First		MI		
Eng	Kelly				
Residential Street Address	City		State Zip Code NY 11225		
505 Rogers Ave, #2	Brooklyn Name of Employer		111 11223		
Principal Occupation Principal Product Manager	Hubspot Inc				
Is contributor a lobbyist, spouse,	· ·	e officer of a municipality	Amount of Contribution		
or dependent child of a lobbyist? No No No No No No No No No N	is associated with have a contract Yes No	with said municipality			
event reported in Section L1?		e contractor? Yes No	\$150.00		
If yes, list Event#	Date Received	Aggregate Contributions	-		
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money		\$150.00			
Last Name	First		MI		
Gordon	Emily				
Residential Street Address	City		State Zip Code		
35 W Broad Street, #126	Stamford		CT 06902		
Principal Occupation	Name of Employer				
Acting Community Development Director & Planning Analyst	City of Stamford		-7		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Yes No	e officer of a municipality with said municipality	Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra		te contractor? ☐ Yes ☐ No ☐ Legislative	\$500.00		
Method of Contribution:	Date Received	35 5			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 9/14/2021	\$1,000.00			
Last Name	First Susan		MI		
Ward			State Zip Code		
Residential Street Address 5 Forest Hill Road	Randolph		NJ 07869		
Principal Occupation	Name of Employer				
executive Assistant	Wenner Family L	LC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Yes No	ve officer of a municipality t with said municipality	Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Security Security					
Method of Contribution: □ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money Order 9/14/2021 \$500.00					
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money			\$1,150.00		
	FOTAL Section B — This	Tugo	,		
	L of additional Section B		a mail		
TOTAL OF ALL CONTRIBUTIONS FROM	M INDIVIDUALS (Sections . 13, Column A of Summary Page	A + B) I J / Y	8,854		

Section B ADDITIONAL PAGE 8 of 120



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for N	Mayor			Octob	October 10 filing		
A. Total Contributions from Sr (See instructions for definition of Small C			this Period ONLY FOTAL SECTION A	\$	0.00		
	B. Itemized Con	ntri	butions from Indivi	duals			
Last Name			First			MI	
Selkowitz			Arthur				
Residential Street Address		City			State	Zip Code	
262 Ocean Drive East			mford		СТ	06902	
Principal Occupation			Name of Employer		L.		
Retired			Retired				
	76 (7 ()) (0.00)			CC	T .		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				', Amo	unt of Contribution	
Is this contribution associated with an				e contractor?	=3	\$500.00	
event reported in Section L1? If yes, list Event #	No If yes, indicate which bran of government the contrac			☐ Legislative		ψοσο.σο	
Method of Contribution:	6		Date Received	Aggregate Contributions	-		
☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	ard Payroll Deduction Money	Orde	9/15/2021	\$1,000.00			
Last Name	and Entryion boadenon Emioney	-	First	ψ1,000100		MI	
Frattaroli		- 1	Cayla			MI	
			Cayla ———————————————————————————————————			<u> </u>	
Residential Street Address City					State	Zip Code	
36 Diamondcrest Lane		Sta	mford		СТ	06903	
Principal Occupation			Name of Employer				
Student			Student				
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?				Amoi	unt of Contribution	
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a s If yes, indicate which bran of government the contract	nch o	or branches	e contractor? Yes No Legislative		\$30.00	
Method of Contribution:	or government the contrac	7t 13 V	Date Received	Aggregate Contributions	-		
☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	ard Payroll Deduction DMoney	Orde	er 9/15/2021	\$80.00			
Last Name			First			МІ	
Ruiz			Cesar			,	
Residential Street Address					Fo	7: 0:1:	
39 Sylvan Knoll Road		City	mford		State	Zip Code 06902	
		Sia			CI	00902	
Principal Occupation			Name of Employer				
Life Skills Coach			Abilis Inc				
Is contributor a lobbyist, spouse, Or dependent child of a lobbyist?	If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?				', Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Security Securit					\$25.00		
Method of Contribution: Date Received Aggregate Contributions							
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money Order 9/15/2021 \$110.00							
SUBTOTAL Section B — This Page				Page	\$555.0	0	
	TOTAL	of	additional Section B P	ages			
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line 1		DIVIDUALS (Sections A		3,851	4	

Section B ADDITIONAL PAGE 9 of 126

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE	YPE 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			\$		0.00)		
	B. Itemized Con	ntril	butions from Indivi	duals				
Last Name		F	First				MI	
Lyons			David					
Residential Street Address		City				State	Zip Code	
252 Brookdale Road		Sta	mford			CT	06903	
Principal Occupation			Name of Employer					
Self			amtify.com					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					, Amo	unt of Contribution	
event reported in Section L1?	Yes Is contributor a principal of a s No If yes, indicate which bran	nch or	r branches		■ No		\$54.00	
If yes, list Event #	of government the contrac	t is w				_		
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit C	Dead Control Deduction Control	0-1-	Date Received 9/15/2021	\$140	te Contributions			
	Zard Payroll Deduction Money			φ140	.00		- T-	
Last Name Behm			First Jessie				MI	
						0	T7: 0.1	
Residential Street Address 119 W 71st St, Apt 8C New York				State NY	Zip Code 10023			
Principal Occupation		INCV	Name of Employer				10025	
Consultant Co:Collective								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?					, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a significant which brain of government the contract	nch o	r branches		■ No		\$50.00	
Method of Contribution:			Date Received		e Contributions			
☐ Cash ☐ Personal Check ■ Credit/Debit C	Card ☐ Payroll Deduction ☐ Money	Order	л 9/15/2021	\$150	0.00			
Last Name		F	rirst			*	MI	
Ellis		F	Paul					
Residential Street Address		City				State	Zip Code	
43 Klondike Ave.		Star	mford			CT	06907	
Principal Occupation			Name of Employer					
Retired			Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☐ No	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?					, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative Legisla					\$25.00			
Method of Contribution: Date Received Aggregate Contributions								
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money Order 9/15/2021 \$25.00								
SUBTOTAL Section B — This Page \$				\$129.0	0			
	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)				\$148	8,85	4		

Section B ADDITIONAL PAGE 10 of 126

NAME OF COMMITTEE (Provide Complete Nam	ne as Registered with Filing Repository)			TYPE OF REPORT			
Caroline Simmons for I	Mayor			Octob	October 10 filing		
A. Total Contributions from S (See instructions for definition of Small)			is Period ONLY OTAL SECTION A	\$	0.00)	
	B. Itemized Co		utions from Indivi	duals			
Last Name O'Brien		1	Dennis			MI	
Residential Street Address 28 Crestview Avenue		City Stan	nford		State CT	Zip Code 06907	
Principal Occupation Technical Project Manager			Name of Employer Take-Two Interact	tive Software, Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No Is contributor a principal of a If yes, indicate which brat of government the contract	nch or	branches	e contractor?		\$100.00	
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit C	ard □ Payroll Deduction □ Money	/ Order	Date Received 9/15/2021	Aggregate Contributions \$100.00			
Last Name Ashe			ohn	-		MI	
Residential Street Address 177 Ocean Drive East		City Stan	nford		State CT	Zip Code 06902	
Principal Occupation Name of Employer Retired Retired							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/. Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1?	Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	e contractor? Yes No Legislative		\$250.00	
Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Cash	ard □ Payroll Deduction □ Money	In	9/15/2021	\$350.00		Tva	
Bradford		- 1	rst Phillip			MI	
Residential Street Address		City			State	Zip Code	
38 Yale Court		STA	MFORD		СТ	06905	
Principal Occupation			Name of Employer	and the contract			
Professor/Consultant			University of Conr				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor?				\$25.00			
Method of Contribution:			Date Received	Aggregate Contributions	7		
☐ Cash ☐ Personal Check ☐ Credit/Debit C	ard LPayroll Deduction LIMoney	Order	9/15/2021	\$210.00			
SUBTOTAL Section B — This P				Page	\$375.0	0	
	TOTAL	L of a	dditional Section B P	ages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					8,85	4	

Section B ADDITIONAL PAGE 11 of $2 \checkmark$

Brennan	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Substitutions for definition of Small Contribution Substitutions from Individuals Substitutio	Caroline Simmons for Mayor		I	Octob	October 10 filing		
Service Serv				\$	0.00		
Service Serv							
Brennan	B. Itemized Con	ntril	butions from Individ	duals		Jen a. Volume	
Residential Sheer Address State Controlled Controll	Last Name	F				MI	
Stamford Stamford Stamford CT 0.6902	Brennan		Eric				
Retired Ret	Residential Street Address	City			State	Zip Code	
Retired Retired Retir	193 Ocean Drive West 8004	Sta	mford		СТ	06902	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No valued at more than \$5,000? a state contractor or prospective state contractor. If yes, Islate at more than \$5,000? a state contractor or prospective state contractor. If yes, Islate state the contract or prospective state contractor. If yes, Islate state is associated with have a contract with said manicipality, of the prospective in Section L1? Yes, Islate and the contract is with. Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Payroll Deduction Payroll Deduction Money Order Payroll Deduction Payroll Deduction Money Order Payroll Deduction Money Order Payroll Deduction Payroll Deduction	Principal Occupation		Name of Employer		li-		
or dependent child of a lobbyist? No valued at more thans \$5,000? Ves No valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? Ves of government the contract or prospective state contractor? Ves No valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? Ves (as the vent report	Retired		Retired				
Executive	or dependent child of a lobbyist? No does contributor or business he/she		ociated with have a contract		, Amo	unt of Contribution	
Method of Contribution Gash Personal Cheek Credit/Debit Card Payroll Deduction Money Order Stamford State St				contractor?		\$1,000.00	
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 9/15/2021 \$2,000.00				☐ Legislative			
Last Name Gunts State Credit/Debit Card Payroll Deduction Money Order Stamford State Credit/Debit Card Payroll Deduction Money Order Stamford State Credit/Debit Card Payroll Deduction Money Order Stamford State Credit/Debit Card Payroll Deduction State Credit/Debit Card Payroll Deduction Payroll D	Method of Contribution:		Date Received	Aggregate Contributions			
Start Star	☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Orde	r 9/15/2021	\$2,000.00			
Residential Street Address 82 Westover Avenue Stamford	Last Name	F	rirst			MI	
82 Westover Avenue Stamford	Gunts		Julie				
Name of Employer AllianceBernstein	Residential Street Address	City			State	Zip Code	
Asset Management Scontributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contribution associated with have a contract with said municipality, advated at more than \$5,000 Yes Ves V					СТ	06902	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Principal Occupation		Name of Employer	·			
or dependent child of a lobbyist? No lodes contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No list is contribution associated with an event reported in Section L1? No of government the contract is with: State Special Street Special	Asset Management		AllianceBernstein				
event reported in Section L1?	or dependent child of a lobbyist?		ociated with have a contract		, Amoi	ant of Contribution	
Method of Contributions: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Pa	event reported in Section L1? No If yes, indicate which bran	nch o	r branches	■ No		\$25.00	
Last Name Godzeno Residential Street Address 29 Douglas Avenue, B Principal Occupation Attorney Stamford Stamford Stamford Stamford Stamford Stamford Stamford Stamford Stamford CT 06906 Principal Occupation Attorney If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, and coes contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Substitute of Contributions Substitute of additional Section B—This Page \$2,025.00 TOTAL of additional Section B Pages							
Residential Street Address 29 Douglas Avenue, B Stamford Stamford State City Stamford State CT 06906 Principal Occupation Attorney Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Subtrotal Section B—This Page \$2,025.00 TOTAL of additional Section B Pages	☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	r 9/15/2021	\$25.00			
Residential Street Address 29 Douglas Avenue, B Stamford State CT 06906 Principal Occupation Attorney Name of Employer Mead, Bromley & Bishop Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Is this contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Date Received Aggregate Contributions	Last Name	TF	² irst			MI	
Principal Occupation Attorney Name of Employer Mead, Bromley & Bishop	Godzeno	- F	Robert				
Principal Occupation Attorney Name of Employer Mead, Bromley & Bishop	Residential Street Address	City			State	Zip Code	
Attorney Mead, Bromley & Bishop If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No No No No No No No No No N	29 Douglas Avenue, B	Star	mford	į.	CT	06906	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Security Secur	Principal Occupation		Name of Employer				
or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Attorney		Mead, Bromley &	Bishop			
event reported in Section L1? No If yes, indicate which branch or branches of government the contract is with: Executive Legislative Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Payroll Deduction Payroll	or dependent child of a lobbyist? No does contributor or business he/she	to a ca	ociated with have a contract	officer of a municipality with said municipality	, Amo	unt of Contribution	
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money Order 9/15/2021 \$2,000.00 SUBTOTAL Section B — This Page \$2,025.00 TOTAL of additional Section B Pages	event reported in Section L1? No If yes, indicate which branch or branches					\$1,000.00	
SUBTOTAL Section B — This Page \$2,025.00 TOTAL of additional Section B Pages							
TOTAL OF ALL CONTENTIONS PROM INDIVIDUALS (Co. 15 A.A.P.)	□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money Order 9/15/2021 \$2,000.00						
TOTAL OF ALL COMMUNICATIONS PROMINIPALITY (C A. I. D.)	SUBTOTAL Section B — This Page				32,025.0	00	
TOTAL OF ALL COMMUNICATIONS PROMINIPALITY (C A. I. D.)	TOTAL	ofa	additional Section B P	ages			
(Enter total on Line 13, Column A of Summary Page Totals)	TOTAL OF ALL CONTRIBUTIONS FROM	1 INI	DIVIDUALS (Sections A	+B) d1(1'	8,85	4	

Section B ADDITIONAL PAGE 12 of Q

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF RE	PORT		
Caroline Simmons for Mayor				October 10 filing		
A. Total Contributions from Small Contributors-Receiv		his Period ONLY FOTAL SECTION A	\$		0.00	
B. Itemized Co	ontrib	butions from Indivi	duals	1, 30		
Last Name	F	First				MI
Bussey	la	Eric			C4-4-	Zip Code
Residential Street Address 1991 High Ridge Road	City Star	mford			State CT	06903
Principal Occupation		Name of Employer			-	
Waiter		The Capital Grille				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	0 to a ca e is ass	andidate for a chief executive ociated with have a contract Yes No	e officer of a n with said mun	iunicipality icipality	/, Amou	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a lf yes, indicate which brateful of government the contration.	anch or	r branches		Yes No		\$25.00
Method of Contribution:		Date Received	Aggregate Conf	tributions	_	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payrol! Deduction ☐ Mone	ey Orde	0//5/000/	\$25.00			
Last Name	F	First	L.			MI
Aloe Sobin	l	Linda				
Residential Street Address	City				State	Zip Code
16 Straddle Hill	Wet	thersfield			СТ	06109
Principal Occupation		Name of Employer				
lobbyist		linda aloe sobin g	overnment	relation	18	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Wes lf contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?					', Amou	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a section L1? If yes, indicate which be of government the contributor.	anch o	r branches		☐ Yes ■ No		\$100.00
Method of Contribution:		Date Received	Aggregate Con	tributions	7	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	v Orde	9/15/2021	\$100.00			
Last Name		First				MI
Roeder	- 1	Robert				
Residential Street Address	City				State	Zip Code
3498 Wellsford Ln	Doy	ylestown			PA	18902
Principal Occupation		Name of Employer				
EVP		Patriot Media				
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 or Description of the contribution of the contrib					ant of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: State Contributor a principal of a state contractor or prospective state contractor? Yes No No No State Contractor or prospective state contractor? Yes No No No No No No No N					\$1,000.00	
Method of Contribution: Date Received Aggregate Contributions						
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	ey Orde	9/15/2021	\$2,000.0	0		
SUBTOTAL Section B — This Page \$1,125.00)0	
TOTA	L of	additional Section B I	Pages			
TOTAL OF ALL CONTRIBUTIONS FRO		DIVIDUALS (Sections A		6148	, 854	
(Enter total on Line	23,00	January 1 uge	- 5711107		1	

Section B ADDITIONAL PAGE 13 of 13 of 13

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Caroline Simmons for	Mayor			Octob	October 10 filing		
A. Total Contributions from S (See instructions for definition of Small)			his Period ONLY TOTAL SECTION A	\$	0.00		
STEPPING WYDER	B. Itemized Co	ntrib	outions from Indivi	duals	1840		
Last Name		F	irst			MI	
Beidl			Gretchen		r-	I a .	
Residential Street Address		City			State	Zip Code	
160 W 86th Street, PH1		New	v York		NY	10024	
Principal Occupation			Name of Employer				
Retired			Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amou	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a significant of government the contract of government the government of governmen	nch or	branches	e contractor?		\$1,000.00	
Method of Contribution:			Date Received	Aggregate Contributions	-		
☐ Cash ☐ Personal Check ☐ Credit/Debit (Card □ Payroll Deduction □ Money	/ Order	9/15/2021	\$1,000.00			
Last Name		F	irst			MI	
Shepherd		N	Madeline				
Residential Street Address		City			State	Zip Code	
180 Turn of River Road, 7C		Star	mford		CT	06905	
Principal Occupation Name of Employer							
Retired			Retired				
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amou	unt of Contribution	
event reported in Section L1?	Yes Is contributor a principal of a No If yes, indicate which bra	nch or	r branches	re contractor? ☐ Yes ☐ No ☐ Legislative		\$100.00	
If yes, list Event # Method of Contribution:	of government the contra	Ct 15 W	Date Received	Aggregate Contributions	4		
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Cord Pourell Deduction Money	Ordor		\$805.00			
	Card Taylon Deduction Divioney		First	Ψοσο.σο		MI	
Last Name Kerr			Roger			IVII	
Residential Street Address		City			State	Zip Code	
96 Hemlock Drive		Star	mford		СТ	06902	
Principal Occupation			Name of Employer				
Retired			Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amou	unt of Contribution	
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative					\$50.00		
Method of Contribution: Date Received Aggregate Contributions							
☐ Cash ☐ Personal Check ☐ Credit/Debit (Card ☐ Payroll Deduction ☐ Money	/ Order	9/15/2021	\$50.00			
	SUBT	rot A	AL Section B — This	Page	\$1,150.C)0	
	TOTAL of additional Section B Pages						
TOTAL OF A	ALL CONTRIBUTIONS FROM		DIVIDUALS (Sections A		3,75	4	
	(Enter total on Line	13, 00	min a of Summary ruge	i villo)	,		

Section B ADDITIONAL PAGE 14 of 12 4

NAME OF COMMITTEE (Provide Complete Name	e as Registered with Filing Repository)			TYPE OF REPORT			
Caroline Simmons for M	Mayor			Octob	October 10 filing		
A. Total Contributions from Some (See instructions for definition of Small Contribution)			his Period ONLY TOTAL SECTION A	\$	0.00		
	B. Itemized Con	ntril	butions from Indivi	duals	y 71, 11		
Last Name		F	First			MI	
Richardson		la:	Harold		La. L	7: 0 1	
Residential Street Address 421 Juanita Way		City	Altos		State CA	Zip Code 94022	
		LUS			CA	54022	
Principal Occupation			Name of Employer				
Retired			Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amoui	nt of Contribution	
Is this contribution associated with an event reported in Section L1?	Yes Is contributor a principal of a s No If yes, indicate which brat of government the contrac	nch or	branches	e contractor?	\$	\$1,000.00	
Method of Contribution:			Date Received	Aggregate Contributions	7		
☐ Cash ☐ Personal Check ■ Credit/Debit Ca	ard Payroll Deduction Money	Orde	9/15/2021	\$2,000.00			
Last Name		F	First			MI	
Haggerty			Megan				
Residential Street Address		City			State 2	Zip Code	
27 Main st		Beth	hel		CT	06801	
Principal Occupation			Name of Employer				
Media Buyer			Media Associates	i			
or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				Amour	nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		nch o	r branches	te contractor? Yes No Legislative		\$500.00	
Method of Contribution:	or government the contra	01 15 11	Date Received	Aggregate Contributions	-		
☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	ard Payroll Deduction Money	Orde	г 9/15/2021	\$1,000.00			
Last Name		F	First			MI	
Sweeney			Susan				
Residential Street Address		City			State	Zip Code	
44 Strawberry Hill Ave, APT 5F		Sta	mford		СТ	06902	
Principal Occupation			Name of Employer		E E		
retired			retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amoui	nt of Contribution	
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative					\$50.00		
Method of Contribution: Date Received Aggregate Contributions							
☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	ard Payroll Deduction Money	Orde	9/15/2021	\$125.00			
SUBTOTAL Section B — This Page \$1,550.00				0			
	TOTAL	of	additional Section B P	Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) \$ 148,854							

Section B ADDITIONAL PAGE 15 of 124

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor	(עזי		TYPE OF REPORT			
Caroline Simmons for Mayor			Octob	October 10 filing		
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)		this Period ONLY TOTAL SECTION A	\$	0.00		
B. Itemized	Contri	butions from Indivi	duals			
Last Name		First		MI		
Dynner		Heather				
Residential Street Address	City			State Zip Code		
439 Pepper Ridge Road	Sta	mford		CT 06905		
Principal Occupation		Name of Employer				
Social worker and behavioral therapist		Chabad of Stamfo	ord			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$ does contributor or business he valued at more than \$5,000?				Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of If yes, indicate which of government the co	branch o		e contractor? Yes No	\$100.00		
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payrol! Deduction ☐ M	loney Orde	er 9/15/2021	\$550.00			
Last Name	1	First		MI		
Willner	- 1	Michael				
Residential Street Address	City		1	State Zip Code		
160 W 86th Street, PH1 New York				NY 10024		
Principal Occupation		Name of Employer				
CEO		Penthera Technol	ogies			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$ does contributor or business he valued at more than \$5,000?				Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal If yes, indicate which of government the co	n branch o		e contractor? Yes No Legislative	\$1,000.00		
Method of Contribution:		Date Received	Aggregate Contributions	1		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mo	oney Orde	er 9/15/2021	\$2,000.00			
Last Name		First		MI		
Redmon		Tene				
Residential Street Address	City			State Zip Code		
132 Hope Street, M	Sta	amford		CT 06906		
Principal Occupation		Name of Employer				
Financial Services		USAA				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$ does contributor or business he valued at more than \$5,000?				Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of fyes, indicate which of government the co	branch o		e contractor? Yes No	\$100.00		
Method of Contribution:	1					
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ M	loney Orde	er 9/15/2021	\$125.00			
SI	UBTOT	AL Section B — This	Page \$	1,200.00		
TOTAL of additional Section B Pages						
TOTAL OF ALL CONTRIBUTIONS FF (Enter total on L		DIVIDUALS (Sections A column A of Summary Page		854		

Section B ADDITIONAL PAGE 16 of 17 of

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-Receive (See instructions for definition of Small Contributor)		this Period ONLY TOTAL SECTION A	\$		0.00		
B. Itemized Co	ntri	ibutions from Indivi	duals				
Last Name		First				MI	
Frattaroli		Jake					
Residential Street Address	City				State	Zip Code	
36 Diamondcrest Lane	Sta	amford			CT	06903	
Principal Occupation	-	Name of Employer					
Student		Student					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					Amou	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch c	or branches	_	■ No		\$30.00	
Method of Contribution:		Date Received	Aggregat	e Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Ord	er 9/15/2021	\$30.0	00			
Last Name	П	First				MI	
Abt		Michelle					
Residential Street Address	City				State	Zip Code	
					CT	06903	
Principal Occupation		Name of Employer					
writer		Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					Amoi	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? No If yes, indicate which bra of government the contra	ınch (or branches		Mo		\$500.00	
Method of Contribution:		Date Received		e Contributions	1		
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money	/ Orde	er 9/15/2021	\$1,75	50.00			
Last Name		First			·	MI	
Haggerty		William					
Residential Street Address	City				State	Zip Code	
4553 Tivoli Street	Sa	n Diego			CA	92107	
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?					unt of Contribution		
If yes, list Event # Security of government the contract is with: Executive Legislative					\$1,000.00		
Method of Contribution: Date Received Aggregate Contributions							
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Ord	er 9/15/2021	\$1,00	00.00			
SUBTOTAL Section B — This Page \$1				1,530.0)0		
TOTAL	L of	additional Section B I	Pages				
TOTAL OF ALL CONTRIBUTIONS FROM	M IN		A + B)	6148	850	1	

Section B ADDITIONAL PAGE 17 of 124

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Caroline Simmons for Mayor			Octob	October 10 filing		
A. Total Contributions from Small Contributors-Recei (See instructions for definition of Small Contributor)		this Period ONLY TOTAL SECTION A	\$	0.00)	
B. Itemized Co		butions from Individ	duals			
Last Name]	First			MI	
Henkind		Jennifer		_	Is: a l	
Residential Street Address	City			State	Zip Code 06905	
48 Eastover Road	Sta	amford		СТ	00903	
Principal Occupation		Name of Employer	A : - 4			
Pediatrician		Stamford Pediatric				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	0 to a c e is ass	candidate for a chief executive sociated with have a contract Yes No	with said municipality	, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a lfyes, indicate which broof government the contributor aprincipal of a lfyes, indicate which broof government the contributor aprincipal of a lfyes, indicate which broof government the contributor aprincipal of a lfyes, indicate which broof government the contributor aprincipal of a lfyes, list Event #	anch o		e contractor?		\$50.00	
Method of Contribution:		Date Received	Aggregate Contributions	-		
☐ Cash ☐ Personal Check	ey Orde	er 9/15/2021	\$175.00			
Last Name		First			MI	
Kaye		Jeremy				
Residential Street Address	City			State	Zip Code	
46 Thunder Mountain Road	Gre	eenwich		СТ	06836	
Principal Occupation Name of Employer						
Attorney		Kaye and Hennes	ssey, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	0 to a c e is ass	candidate for a chief executive sociated with have a contract Yes No	e officer of a municipality with said municipality	Amo	unt of Contribution	
event reported in Section L1?	anch c		e contractor? Yes No Legislative		\$100.00	
If yes, list Event # of government the contribution:	act is v	Date Received	Aggregate Contributions	-		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	ev Orde	er 9/15/2021	\$100.00			
Last Name		First			MI	
Silber	- 1	Jerry				
Residential Street Address	City			State	Zip Code	
290 Club Road,		amford		СТ	06905	
Principal Occupation		Name of Employer				
Retired		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?				, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative Legislative					\$500.00	
Method of Contribution:		Date Received	Aggregate Contributions	7		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mon	ey Ordo	er 9/15/2021	\$550.00			
SUE	втот	TAL Section B — This	Page	\$650.0	00	
TOTA	L of	additional Section B F	Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 9 48, 854						

Section B ADDITIONAL PAGE 18 of 124

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Caroline Simmons for	Mayor			Octob	October 10 filing		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$	0.00			
	B. Itemized Co	ntrib	outions from Indivi	duals		MIE IE VIII.	
Last Name		F	First			MI	
McClory			Andrew		V		
Residential Street Address		City			State	Zip Code	
106 Russet Road		Star	mford		CT	06903	
Principal Occupation			Name of Employer				
Software Engineer			FactSet Research	Systems			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amou	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch or	branches	e contractor? Yes No Legislative		\$50.00	
Method of Contribution:			Date Received	Aggregate Contributions	-		
☐ Cash ☐ Personal Check ☐ Credit/Debit (Card □ Payroll Deduction □ Money	y Ordei		\$50.00			
Last Name		F	irst		_	Ml	
Lurie		.	Jeffrey				
Residential Street Address		City			State	Zip Code	
312 Llanfair Road Wynnewood				PA	19096		
Principal Occupation			Name of Employer				
football team owner Philadelphia Eagles							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				Amor	Amount of Contribution	
The state of the s	Yes Is contributor a principal of a **If yes*, indicate which bra* of government the contra	anch or	r branches	e contractor? Yes No Legislative		\$1,000.00	
Method of Contribution:			Date Received	Aggregate Contributions	7		
☐ Cash ☐ Personal Check ☐ Credit/Debit (Card Payroll Deduction Money	y Order	9/16/2021	\$2,000.00			
Last Name		F	rirst			MI	
Rogers		5	Sylvia				
Residential Street Address		City			State	Zip Code	
1 Premium Point RD		Nev	v Rochelle		NY	10801	
Principal Occupation			Name of Employer	i			
Homemaker			Homemaker				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				Amou	unt of Contribution	
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative					\$1,000.00		
Method of Contribution: Date Received Aggregate Contribution:					7		
☐ Cash ☐ Personal Check ☐ Credit/Debit (Card ☐ Payroll Deduction ☐ Money	y Ordei	9/16/2021	\$1,000.00			
SUBTOTAL Section B — This Page				Page	\$2,050.0	00	
TOTAL of additional Section B Pages				ages			
TOTAL OF	ALL CONTRIBUTIONS FROM		DIVIDUALS (Sections A		,850		
	(Emer lour on Line	13, 00		7	-	ı	

Section B ADDITIONAL PAGE 19 of $\sqrt{2}\psi$

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-Recei		is Period ONLY OTAL SECTION A	\$	0.00		
B. Itemized Co	ontribu	utions from Individ	duals			
Last Name	Fir	st			MI	
Silver		3eth				
Residential Street Address	City				ip Code	
65 Edgewood Ave	Stam	itord		CT	06907	
Principal Occupation		Name of Employer				
Market Research		Silver Consulting				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$40 does contributor or business he/st valued at more than \$5,000?				, Amoun	t of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of: If yes, indicate which by of government the contributor and principal of:	anch or b	ranches	contractor? Yes No		\$25.00	
Method of Contribution:	uot is with	Date Received	Aggregate Contributions	-		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	ey Order	9/16/2021	\$25.00			
Last Name	Firs	st			MI	
Carlson	М	artha				
Residential Street Address	City				ip Code	
33 Horseshoe Rd	Guilfo	ord		CT	06437	
Principal Occupation		Name of Employer				
Deputy Comptroller 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? Yes No						
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of If yes, indicate which by of government the contributor.	ranch or b	branches	e contractor? Yes No Legislative	!	\$100.00	
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	ey Order	9/16/2021	\$100.00			
Last Name	Fire	st		-	МІ	
Rogers	Ti	homas				
Residential Street Address	City			State Z	Lip Code	
1 Premium Point RD	New	Rocheile		NY	10801	
Principal Occupation		Name of Employer				
Executive Chairman		Engine Media Inc.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/sl valued at more than \$5,000?				Amoun	t of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of If yes, indicate which by of government the contributor apprincipal of If yes, indicate which by of government the contributor.	ranch or b	oranches	e contractor?	\$	1,000.00	
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mon	ey Order	9/16/2021	\$1,000.00			
SUE	втота	L Section B — This	Page	31,125.00)	
TOTAL of additional Section B Pages						
TOTAL OF ALL CONTRIBUTIONS FRO		IVIDUALS (Sections A umn A of Summary Page 1		1854		

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		Octob	October 10 filing			
A. Total Contributions from Small Contributors-Receivable (See instructions for definition of Small Contributor)	ived this Period ON SUBTOTAL SECTION		0.00			
	ontributions from I	ndividuals				
Last Name Shapiro	First Hilary		MI			
Residential Street Address 95 Intervale Rd Unit 10	City Stamford		State Zip Code CT 06905			
Principal Occupation consultant	Name of Employer Scenario		•			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/sl valued at more than \$5,000?	he is associated with have a c		Amount of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of If yes, indicate which be of government the contributor.		ive state contractor?	\$25.00			
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mon	Date Received 9/16/202	Aggregate Contributions 1 \$100.00				
Last Name Leonard	First Stew	1	MI			
Residential Street Address 5 Surf Road	City Westport		State Zip Code CT 06880			
Principal Occupation CEO	Name of Employer Stew Leonar	d's	***			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?	ne is associated with have a co		Amount of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of If yes, indicate which be of government the cont		ive state contractor? ☐ Yes No cutive ☐ Legislative	\$1,000.00			
Method of Contribution: □ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Mone	Date Received	Aggregate Contributions				
Last Name Rosen	First Goldy	,	MI			
Residential Street Address 62 Woodbrook Drive	City		State Zip Code CT 06907			
Principal Occupation Retired	Name of Employer Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$40 does contributor or business he/st valued at more than \$5,000?	he is associated with have a co		Amount of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? No If yes, list Event # Section L1? No If yes, list Event #		■ No	\$25.00			
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mon-	Date Received ey Order 9/17/202	Aggregate Contributions \$75.00				
SUE	BTOTAL Section B —	This Page \$	1,050.00			
TOTA	AL of additional Sectio	n B Pages				
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Lin	OM INDIVIDUALS (Section 13, Column A of Summary		8,854			

Section B ADDITIONAL PAGE 21 of 126

NAME OF COMMITTEE (Provide Complete Nat	me as Registered with Filing Repository)			TYPE (OF REPORT		1 S 90 - 1	
Caroline Simmons for	Mayor				October 10 filing			
A. Total Contributions from S (See instructions for definition of Small			this Period ONLY TOTAL SECTION A	\$		0.00		
					<u></u>			
	B. Itemized Con	ntril	butions from Indivi	duals		1		
Last Name		T	First				MI	
Gdovin			John					
Residential Street Address		City				State	Zip Code	
1359 North Bradford Road		Nev	wtown			PA	18940	
Principal Occupation			Name of Employer					
CAO			Patriot Media					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1?	Yes Is contributor a principal of a s	nch o	r branches		No No		\$1,000.00	
If yes, list Event #	of government the contrac	t is w				_		
Method of Contribution:			Date Received		e Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Payroll Deduction Money	Orde	er 9/17/2021	\$2,00	00.00			
Last Name		- 1	First				MI	
Phipps		_	Quentin					
Residential Street Address		City				State	Zip Code	
89 Bretton Road		Mid	Idletown			СТ	06457	
Principal Occupation			Name of Employer					
Connecticut General Assembly			State Representa	tive				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					, Amoi	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch o	or branches		Mo No		\$20.00	
Method of Contribution:			Date Received		e Contributions	1		
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card □ Payroll Deduction □ Money	Orde	er 9/17/2021	\$20.0	00			
Last Name		Ti	First			-	MI	
Denning			Roberta					
Residential Street Address		City				State	Zip Code	
16 Khakum Drive		Gre	eenwich			СТ	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 does contributor or business he/she valued at more than \$5,000?	to a c	eandidate for a chief executive sociated with have a contract	e officer with said	of a municipality I municipality	, Amo	unt of Contribution	
	Yes Is contributor a principal of a significant which brain of government the contract	nch o	r branches		■ No		\$1,000.00	
Method of Contribution:			Date Received	"" "	e Contributions			
☐ Cash ☐ Personal Check ■ Credit/Debit C	Card Payroll Deduction Money	Orde	9/17/2021	\$2,00	00.00			
	SUBT	гот	AL Section B — This	Page	9	2,020.0	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)								

Section B ADDITIONAL PAGE 22 of 124

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Caroline Simmons for Mayor		Octob	October 10 filing			
A. Total Contributions from Small Contributors-Receign (See instructions for definition of Small Contributor)	ved this Period C SUBTOTAL SECT		\$ 0.00			
		·				
B. Itemized Co	ontributions fron	n Individuals				
Last Name	First		MI			
Freedman	Nancy					
Residential Street Address	City		State Zip Code			
115 Haviland Road	Stamford		CT 06903			
Principal Occupation	Name of Emplo	•				
Attorney	Benjamin	, Gold & Troyb				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	to a candidate for a chie is associated with have	ef executive officer of a municipality a contract with said municipality No	Amount of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a lf yes, indicate which brateful of government the contrations of government the contration.	anch or branches	pective state contractor?	\$1,000.00			
Method of Contribution:	Date Received	Aggregate Contributions	-			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone		""				
Last Name	First		MI			
Freedman	Richard					
Residential Street Address	City		State Zip Code			
115 Haviland Road	Stamford		CT 06903			
Principal Occupation	Name of Emplo	oyer				
Real estate	Garden H	lomes				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		ef executive officer of a municipality a contract with said municipality No	Amount of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a lf yes, indicate which broof government the contributor a principal of a lf yes, indicate which broof government the contributor a principal of a lf yes, indicate which broof government the contributor a principal of a lf yes, indicate which broof government the contributor a principal of a lf yes, indicate which broof government the contributor a principal of a lf yes, indicate which broof government the contributor a principal of a lf yes, indicate which broof government the contributor a principal of a lf yes, indicate which broof government the contributor a principal of a lf yes, indicate which broof government the contributor a principal of a lf yes, indicate which broof government the contributor and lf yes, indicate which broof government the contributor and lf yes, indicate which broof government the contributor and lf yes, indicate which broof government the contributor and lf yes, indicate which broof government the contributor and lf yes, indicate which broof government the contributor and lf yes, indicate which broof government the contributor and lf yes, indicate which broof government the contributor and lf yes, indicate which yes a lf y	anch or branches	pective state contractor?	\$1,000.00			
Method of Contribution:	Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Order 9/17/2	021 \$1,000.00				
Last Name	First		MI			
Denning	Steven					
Residential Street Address	City		State Zip Code			
16 Khaum Drive	Greenwich		CT 06831			
Principal Occupation	Name of Emplo	over	l l			
Chairman Emeritus	General A					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a lf yes, indicate which brown of government the contral of government the contral of government the contral of the section of government the government the government the government the government the government the governmen	anch or branches	pective state contractor? Yes No Executive Legislative	\$1,000.00			
Method of Contribution:	Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Order 9/17/2	921 \$2,000.00				
SUB	TOTAL Section B	— This Page	3,000.00			
TOTA	L of additional Se	ction B Pages				
TOTAL OF ALL CONTRIBUTIONS FRO	M INDIVIDUALS (Sections A + B) \$148	854			
Lines total on Line	,	,				

Section B ADDITIONAL PAGE 23 of 12ψ

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-Receive (See instructions for definition of Small Contributor)		this Period ONLY	\$	0.00)		
B. Itemized Co	ntril	butions from Indivi	duals				
Last Name		First			MI		
Steed		Michael					
Residential Street Address	City			State	Zip Code		
4100 Rosemary St	Che	evy Chase		MD	20815		
Principal Occupation Investor		Name of Employer Paladin Capital G	roup				
	4						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			with said municipality	/, Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contraction.	nch or	r branches	e contractor? Yes No		\$1,000.00		
Method of Contribution:		Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	/ Orde	9/18/2021	\$2,000.00				
Last Name	- 1	First			MI		
Bayne		David					
Residential Street Address 5 Windsor Rd	City Dar	ien		State CT	Zip Code 06820		
Principal Occupation	Dai	Name of Employer			00020		
Attorney		Akerman LLP		177			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No loss contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1? No If yes, list Event # No Is contributor a principal of a If yes, indicate which bra of government the contra	nch o	r branches	e contractor? Yes No		\$100.00		
Method of Contribution:		Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money			\$100.00				
Last Name Shapiro		First Madeline			MI		
Residential Street Address	City			State	Zip Code		
77 Brook Run Lane	Sta	mford		СТ	06905		
Principal Occupation		Name of Employer	-				
Realtor		Real Estate Sales	person				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contract.	nch or	r branches	Legislative No		\$100.00		
Method of Contribution:	0 '	Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	/ Orde	9/18/2021	\$200.00				
SUBTOTAL Section B — This Page \$1,200.00							
TOTAL	Lofa	additional Section B P	ages				
TOTAL OF ALL CONTRIBUTIONS FROM		DIVIDUALS (Sections A		, 85	4		

Section B ADDITIONAL PAGE 24 of 126

NAME OF COMMITTEE (Provide Complete Name as Reg	gistered with Filing Repository)			TYPE (OF REPORT	XII		
Caroline Simmons for Mayo	r				Octob	er 10 f	iling	
A. Total Contributions from Small (See instructions for definition of Small Contrib			this Period ONLY FOTAL SECTION A	\$	\$ 0.00			
				-				
	B. Itemized Con	ıtril	butions from Indivi	duals	Marine III		H	
Last Name		F	First					MI
Brennan			Betty					
Residential Street Address		City				State	Zip	Code
193 Ocean Drive West 8004		Sta	mford			СТ		06902
Principal Occupation			Name of Employer					
Retired			Retired					
or dependent child of a lobbyist?	ntribution is in excess of \$400 the contributor or business he/she is did at more than \$5,000?					Amo	unt o	of Contribution
event reported in Section L1?	Is contributor a principal of a st If yes, indicate which bran of government the contract	ch or	r branches		No No		\$1,	000.00
If yes, list Event #	of government the contract	l IS W	Date Received		e Contributions	_		
Method of Contribution: ☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐	Payroll Deduction Money	Orde		\$2,00				
Last Name		F	First					MI
Horowitz		F	Ken					
Residential Street Address		City				State	Zip	Code
123 Harbor Dr #309		Star	mford			СТ	06	6902-7489
Principal Occupation			Name of Employer					
VP Participations & Residuals			AMC Networks					
or dependent child of a lobbyist?							f Contribution	
Is this contribution associated with an Yes event reported in Section L1? No If yes, list Event #	Is contributor a principal of a s If yes, indicate which bran of government the contrac	ich o	or branches		M No		\$1	00.00
Method of Contribution:	of government the contrac	t is w	Date Received		e Contributions	-		
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐	Payroll Deduction	Orde		\$100				
Last Name			First					MI
Kallet		- 1	Shawn					1411
Residential Street Address						Q	T -2:	Code
149 CANFIELD DR	I	City	mford			State	Zip	06902
		Stai				СТ		00302
Principal Occupation Sales			Name of Employer Mirriad					
or dependent child of a lobbyist?	ntribution is in excess of \$400 to contributor or business he/she id at more than \$5,000?					, Amo	unt o	f Contribution
Is this contribution associated with an event reported in Section L1? No If yes, list Event #	Is contributor a principal of a st If yes, indicate which bran of government the contract	ch or	r branches		No		\$5	500.00
Method of Contribution:			Date Received		e Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐	Payroll Deduction Money	Orde	9/19/2021	\$500	.00			
	SUBT	ОТ	AL Section B — This	Page	\$	1,600.	00	
	TOTAL of additional Section B Pages							
TOTAL OF ALL C	ONTRIBUTIONS FROM (Enter total on Line 1.		DIVIDUALS (Sections A olumn A of Summary Page 1		\$ 148	, 85	4	

Section B ADDITIONAL PAGE 25 of $\square \varphi$

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Caroline Simmons for	Mayor			С	October 10 filing			
A. Total Contributions from S (See instructions for definition of Small			his Period ONLY TOTAL SECTION A	\$		0.00		
	B. Itemized Con	ntrik	outions from Indivi	duals	do	J - 2	X 18 8	
Last Name			irst				MI	
Wilson			Andrew					
Residential Street Address		City				State	Zip Code	
6128 Knollwood Drive		Ore	gon			WI	53575	
Principal Occupation		N.	Name of Employer					
Engineer			Here Technologie	es.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ■ No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					Amou	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a s No If yes, indicate which brar of government the contrac	nch or	branches		l Yes l No		\$100.00	
Method of Contribution:	or Bo terminant and constant		Date Received	Aggregate Contributi	ons	-		
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card □ Payroll Deduction □ Money	Orde	9/20/2021	\$200.00				
Last Name			irst				MI	
Ward			Karyn					
Residential Street Address		City			1:	State	Zip Code	
27 Lindstrom Road, Unit 7B		Star	mford			СТ	06902	
Principal Occupation			Name of Employer					
Exec asst			The Ashforth Con	npany				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?					Amou	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a significant of government the contract of government of g	nch or	r branches		Yes No		\$200.00	
Method of Contribution:	***		Date Received Aggregate Contribu			1		
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card ☐ Payroll Deduction ☐ Money	Order	9/20/2021	\$1,400.00				
Last Name			First				MI	
Shepherd		1	Madeline					
Residential Street Address		City				State	Zip Code	
180 Turn of River Road, 7C		Star	mford			СТ	06905	
Principal Occupation			Name of Employer					
Retired			Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					Amou	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No Is contributor a principal of a s If yes, indicate which bran of government the contract	nch or	branches]Yes ■ No		\$50.00	
Method of Contribution:			Date Received	Aggregate Contributi	ons			
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Payroll Deduction Money	Order	9/20/2021	\$805.00				
	SUBT	ТОТ	AL Section B — This	Page	\$	\$350.00	0	
	TOTAL	ofa	ndditional Section B I	Pages				
TOTAL OF	ALL CONTRIBUTIONS FROM			A + B)	148	3, 85	14	
	(Enter total on Line	13, 00	olumn A of Summary Page	Totals)	, , 0	, 55		

Section B ADDITIONAL PAGE 26 of $\sqrt{2}\varphi$

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	1.00		TYPE OF REPORT				
Caroline Simmons for Mayor			Octob	October 10 filing			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		s Period ONLY TAL SECTION A	\$	0.00			
×							
B. Itemized Con	tribu	tions from Individ	duals	v,# 15			
Last Name	First				Ml		
Steed	C	arol					
Residential Street Address	City			State Z	ip 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? Yes of the contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?				y, Amoun	t of Contribution		
Is this contribution associated with an event reported in Section L1?	tate cont	tractor or prospective state	e contractor?	\$	1,000.00		
If yes, list Event # of government the contract			☐ Legislative				
Method of Contribution:		Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money ©	Order	9/20/2021	\$2,000.00				
Last Name	First				MI		
Wenner	Ka	te					
Residential Street Address	City			State Z	ip Code		
	Southi	field		MA	01259		
Principal Occupation		Name of Employer		l			
writer		self-employed					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	o a cand s associa	idate for a chief executive ated with have a contract	officer of a municipality with said municipality	/, Amoun	t of Contribution		
Is this contribution associated with an event reported in Section L1? Solution Is contributor a principal of a step event reported in Section L1? No Solution If yes, indicate which bran of government the contract	ich or br	ranches	e contractor? ☐ Yes ☐ No ☐ Legislative		\$500.00		
Method of Contribution:		Date Received	Aggregate Contributions	-			
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money (Order	9/20/2021	\$1,500.00				
Last Name	First				МІ		
Cacace		chael					
Residential Street Address	City			State Z	ip Code		
316 Scofieldtown Rd	Stamf	ord		CT	06903		
Principal Occupation		Name of Employer					
Lawyer		Cacace, Tusch &	Santagata				
Is contributor a lobbyist, spouse,	o a cand	lidate for a chief executive	e officer of a municipality	y, Amoun	t of Contribution		
or dependent child of a lobbyist? No does contributor or business he/she is valued at more than \$5,000?	s associa	ated with have a contract Yes No	with said municipality				
Is this contribution associated with an event reported in Section L1? If yes, list Event # No	ch or br	anches	■ No □ Legislative	\$	1,000.00		
Method of Contribution:	- 1	Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money (Order	9/20/2021	\$1,000.00				
SUBT	OTAL	Section B — This	Page	\$2,500.00)		
TOTAL	of add	ditional Section B P	ages				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1.		VIDUALS (Sections A mn A of Summary Page 1		8, 854			

Section B ADDITIONAL PAGE 27 of 12ψ

A. Total Contributions from Small Contributors - Substantial Contributions from Small Contributors - Substantial S	NAME OF COMMITTEE (Provide Complete Name as I	Registered with Filing Repository)			TYPE OF REPORT					
Substitutions from definition of Small Contribution Substitutions Substi	Caroline Simmons for May	or				October 10 filing				
Murchie Cay Stamford Cay Stamford Cay Stamford Cay Stamford Cay					\$		0.00)		
Murchie Cay Stamford Cay Stamford Cay Stamford Cay Stamford Cay										
Murchie David Stam-Micros Capy Stam-ford S	B. Itemized Contributions from Individuals									
Rediededial Street Address 61 Wildwood Road Stamford Software developer Software develope	Last Name		F	irst					MI	
Stamford Condition of Stamford Recognition Stamford developer	Murchie			David						
Name of Employer SoftWare developer SoftWare developer SoftWare developer SoftWare developer SoftWare developer SoftWare developer d	Residential Street Address		City				State	Zip	Code	
Self Employed Self Employed	61 Wildwood Road		Star	mford			СТ		06903	
Is contribution a lobbysist, spouse, or dependent child of a lobbysist? who was a contract with said municipality, and does contribution associated with an excess of \$400 to a candidate for a chief executive officer of a municipality, and the substitution of a lobbysist. Park of the substitution of section L1? Value Val	Principal Occupation			Name of Employer				1		
or dependent child of a lobbyist?	Software developer			Self Employed						
State contribution associated with an event reported in Section 11? Very Ist Event # Method of Contribution Section 11? Very Ist Event # Method of Contribution Section 11? Very Ist Event # Method of Contribution Section 11? Very Ist Event # Method of Contribution Section 11? Very Ist Event # Method of Contribution Section 11? Very Ist Event # Method of Contribution Section 11? Very Ist Event # Method of Contribution Section 11? Very Ist Event # Method of Contribution Section 11? Very Ist Event # Method of Contribution Section 11? Very Ist Event # Method of Contribution Section 11? Very Ist Event # Mile Very Ve	or dependent child of a lobbyist?	s contributor or business he/she		ociated with have a contract			Amo	unt e	of Contribution	
event reported in Section L1?			state co		e contrac	tor?	1			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Payroll Deduction Payroll	event reported in Section L1?	If yes, indicate which bran	ich or	branches		■ No		\$1	100.00	
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 9/20/2021 \$200.00					Aggregat	e Contributions	-			
Cature C	E=0	☐ Payroll Deduction ☐ Money	Orde	9/20/2021						
Residential Street Address 201 El Bravo Way Palm Beach State Palm Beach Palm	Last Name		F	irst			_		МІ	
201 El Bravo Way Palm Beach FL 33480 Principal Occupation Retired Name of Employer Unemployed	Grauer		L	_aurie						
Principal Occupation Retired Name of Employer Unemployed	Residential Street Address		City				State	Zip	Code	
Retired Scontributor a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist? No No State contribution of success of \$400 to a candidate for a chief executive officer of a municipality, of level than \$5,000? Yes Stamford State contract with said municipality Yes, inclinate which branch or branches 1/yes, inclinate which branch or branches 1/yes, inclinate which branch or branches 1/yes, inclinate which of success of \$400 to a candidate for a chief executive officer of a municipality 1/yes, inclinate which branch or branches	201 El Bravo Way		Palr	n Beach			FL		33480	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Principal Occupation			Name of Employer				-		
or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? Yes Stock State St	Retired		Unemployed							
event reported in Section L1?	or dependent child of a lobbyist?	s contributor or business he/she	to a ca	ociated with have a contract	e officer with said	of a municipality I municipality	, Amo	unto	of Contribution	
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 9/20/2021 \$1,000.00 \$1,000.0	event reported in Section L1?	If yes, indicate which bran	nch or	r branches		No No		\$1,	,000.00	
State Hyman High principal Occupation State							1			
Star Michael	☐ Cash ☐ Personal Check ☐ Credit/Debit Card [☐ Payroll Deduction ☐ Money	Order	9/20/2021	\$1,000.00					
Hyman Residential Street Address 53 Carriage Drive Stamford State City Stamford State State CTT O6902 Principal Occupation Managing Consultant Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No State State CTT O6902 Name of Employer The Equity Institute Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No State State CTT O6902 Name of Employer The Equity Institute Is contributor a candidate for a chief executive officer of a municipality, and one contribution or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event and state contractor or prospective state contractor? If yes, list Event # No State Total of additional Section B Pages TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) State State State Total of state Total of Additional Section B Pages	Last Name		1 F	rirst					Тмі	
Stamford CT 06902 Principal Occupation Managing Consultant Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No late contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event of sevent reported in Section L1? If yes, list Event # So of government the contract is with: Method of Contribution: Date Received Aggregate Contributions Aggregate Contributions Substitute Substi				Michael					1	
Principal Occupation Managing Consultant Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? If yes, list Event #	Residential Street Address		City				State	Zip	Code	
Managing Consultant Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor or business he/she is associated with have a contract with said municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, lindicate which branch or branches of government the contract is with: Date Received Aggregate Contributions	53 Carriage Drive		Star	mford			СТ		06902	
Managing Consultant Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor or business he/she is associated with have a contract with said municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, lindicate which branch or branches of government the contract is with: Date Received Aggregate Contributions	Principal Occupation			Name of Employer		X				
or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? Yes No Is contributor a principal of a state contractor or prospective state contractor? Yes No If yes, indicate which branch or branches of government the contract is with: Executive Legislative Legislative Method of Contribution: Date Received 9/20/2021 \$150.00 Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 9/20/2021 \$150.00 SUBTOTAL Section B — This Page \$1,250.00 TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$4.003, 85.40 \$4.00					te					
event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Date Received Aggregate Contributions	or dependent child of a lobbyist?	s contributor or business he/she		ociated with have a contract			Amo	unt c	of Contribution	
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money Order 9/20/2021 \$150.00 SUBTOTAL Section B — This Page \$1,250.00 TOTAL of additional Section B Pages TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$1,000 \$1	Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective If yes, indicate which branch or branches					No No		\$1	150.00	
SUBTOTAL Section B — This Page \$1,250.00 TOTAL of additional Section B Pages TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$1,250.00	Method of Contribution:									
TOTAL of additional Section B Pages TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	☐ Cash ☐ Personal Check ☐ Credit/Debit Card [☐ Payroll Deduction ☐ Money	Order	r 9/20/2021	\$150	.00		_		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)		SUBT	ОТА	AL Section B — This	Page	9	31,250.	00		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13. Column A of Summary Page Totals) \$ 143, 854		TOTAL	ofa	additional Section B P	ages					
	TOTAL OF ALL					\$14	18, 8	350	1	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		UIT.		TYPE OF REPORT	110		Mine In Paris
Caroline Simmons for Mayor				October 10 filing			
A. Total Contributions from Small Contributors-Recei (See instructions for definition of Small Contributor)			S Period ONLY TAL SECTION A	\$	0.0	0	
B. Itemized Co	ontr	ribu	tions from Individ	duals	_ 02]		
Last Name		First					MI
Condon			ane				
Residential Street Address	City	У			State	Zip	Code
38 Close Rd	Gr		nwich		СТ		06831
Principal Occupation			Name of Employer				
Comedian			Self-employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?					y, Am	ount o	of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a lf yes, indicate which brace of government the contral of government the government the contral of government the gove	anch (or bra	anches	_ No		\$1	100.00
		-	Date Received	Aggregate Contributions	-		
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	ey Orc		9/20/2021	\$450.00			
Last Name		First					МІ
Summers			wrence				
Residential Street Address	City				State	Zip	Code
207 Fisher Ave.	1 1	, rookl	line		MA		02445
Principal Occupation			Name of Employer			-	
Professor			Lawrence H. Sum	imers			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?					/, Am	ount o	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which be of government the contributor a principal of a section be of government the contributor and the section because it is a section between the contributor and the section because it is a section between the section because it is a section between the section because it is a section between the sectio	anch	n or br	ranches	e contractor? ☐ Yes ☐ No ☐ Legislative		\$1,	000.00
Method of Contribution:			Date Received	Aggregate Contributions	7		
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payrol! Deduction ☐ Mone	y Ord	der	9/20/2021	\$2,000.00			
Last Name		First					MI
Bronson		Na	incy				
Residential Street Address	City	y			State	Zip	Code
76 Haviland Ct	Sta	tamf	ord		СТ		06903
Principal Occupation			Name of Employer				
Clinical Psychologist			Nancy L. Bronson	, PhD			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?					y, Am	ount o	of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which branches of government the control of government the control of the section L1?	anch	or bra	anches	☐ Legislative		\$	50.00
Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	ey Ord	der	9/20/2021	\$150.00			
SUB	TO	TAL	Section B — This	Page	\$1,150	.00	
TOTA	L of	f ado	ditional Section B P	ages			
TOTAL OF ALL CONTRIBUTIONS FRO					8, 8.	54	
(Enter total on Line	: 13, (Coun	mn A of Summary Page T	ouns)	,	-	

Section B ADDITIONAL PAGE 29 of 12 U

Residential Street Address 26 The Ridgeway Retired Scentributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, about of government the contract is with: State Contribution associated with an event reported in Section L1? Yes If contribution Money Order Payroll Deduction Money Order Payroll Deduction Name of Employer No State Contribution associated with an event reported in Section L1? Yes If contribution Name of Employer No State Contribution Name of Employer No State No No No No No No State No No No No No No No N	NAME OF COMMITTEE (Provide Complete Nat	me as Registered with Filing Repository)			TYPE OF REPORT	lt.	
Substitution for definition of Small Contribution Substitution	Caroline Simmons for	Mayor			Octob	er 10 f	filing
First John State Zap Code					\$	0.00	0
First John State Zap Code							
Residential Storet Address City Cree-mwich CT O6831		B. Itemized Co	ntril	butions from Indivi	duals		
Residential Sever Address 26 The Ridgeway 79	Last Name		F	rirst			MI
See	Cooper			John			
Name of Employer Retired Retir	Residential Street Address		City			State	Zip Code
Retired Retired Retir	26 The Ridgeway		Gre	enwich		CT	06831
Is contribution a lobbysist, spouse, or dependent child of a lobbysist? No valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, lindical which have a contract with said municipality, does contribution associated with an event reported in Section L1? If yes, lindical which have a contract with said municipality, and a more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, lindical which branch of branches Executive Legislative No of government the contract with. Is this contribution associated with an event specified of a state contractor or prospective state contractor? Is contribution as the contract with said municipality, and the specified of a state contractor or prospective state contractor. Stamford	Principal Occupation			Name of Employer			
or dependent child of a lobbysis? No valued at more than \$5,0007 'yes No valued at more than \$5,0007 No v	Retired			Retired			
event reported in Section L1?		does contributor or business he/she		ociated with have a contract		Amo	ount of Contribution
Cash Personal Cheek Credit/Debit Card Payroll Deduction Money Order 9/20/2021 \$600.00	event reported in Section L1?	No If yes, indicate which bra	nch or	branches	■ No		\$100.00
Last Name Clements City Stamford Credit/Debit Card Payroll Deduction Money Order Money Order Money Order Money Of Expendent Child of a lobbyist, spouse, or dependent child of a lobbyist? No No No No No No No N	Method of Contribution:			Date Received	Aggregate Contributions		
Clements	☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card □ Payroll Deduction □ Money	Orde	9/20/2021	\$600.00		
Residential Street Address 123 Knox Road Stamford Stamfor	Last Name		F	rirst			MI
Stamford Stamford Stamford Stamford Stamford CT 06907	Clements		L	_isa			
Principal Occupation Teacher assistant Name of Employer JCC	Residential Street Address	= -=	City			State	Zip Code
Teacher assistant Scontributor a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist? No No Ves No State contribution of the secont properties and the secont properties of the second propertie	123 Knox Road		Star	mford		CT	06907
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Principal Occupation			Name of Employer			
State Credit/Debit Card Payroll Deduction Money Order State Aggregate Contributors State	Teacher assistant			JCC			
No If yes, indicate which branch or branches Executive Legislative Legislati		does contributor or business he/she		ociated with have a contract		, Amo	ount of Contribution
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 9/20/2021 \$175.00	event reported in Section L1?	No If yes, indicate which bra	inch oi	r branches	No		\$100.00
Last Name Heatth Residential Street Address City Greenwich State CT 06830 Principal Occupation Retired No also entributor a lobbyist, spouse, or dependent child of a lobbyist? No valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Scontribution	Method of Contribution:	— V — — —		Date Received	Aggregate Contributions	1	
Residential Street Address 522 North Street City Gree-wich CT 06830 Principal Occupation Retired Name of Employer Homemaker Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No valued at more than \$5,000? Yes of government the contract or prospective state contractor? Yes event reported in Section L1? No If yes, list Event # No If contribution Date Received Aggregate Contributions Date Received Aggregate Contributions State Credit/Debit Card Payroll Deduction Money Order 9/20/2021 \$725.00 TOTAL of additional Section B Pages	☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Payroll Deduction Money	Order	9/20/2021	\$175.00		
Residential Street Address 522 North Street City Greenwich CT 06830	Last Name		F	First			MI
Frincipal Occupation Retired Name of Employer Homemaker	Heath		ı	Nicole			
Principal Occupation Retired Name of Employer Homemaker	Residential Street Address		City	9		State	Zip Code
Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Money Order Payroll Additional Section B Pages Substitute	522 North Street		Gre	enwich		CT	06830
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No laces contributor or business he/she is associated with have a contract with said municipality, valued at more than \$5,000? Yes No ls this contribution associated with an event reported in Section L1? No lf yes, list Event # Stephanology Substitute Subst	Principal Occupation			Name of Employer			•
Substitution associated with an event reported in Section L1? No Is contribution associated with an event reported in Section L1? No If yes, list Event # Date Received Payroll Deduction Money Order 9/20/2021 \$725.00 \$400.00 Substitution associated with an event reported in Section L1? No If yes, indicate which branch or branches If yes, indicate which branc	Retired			Homemaker			
event reported in Section L1? No If yes, indicate which branch or branches of government the contract is with: Executive Legislative Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 9/20/2021 \$725.00 SUBTOTAL Section B — This Page \$400.00		does contributor or business he/she		ociated with have a contract		Amo	ount of Contribution
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 9/20/2021 \$725.00 SUBTOTAL Section B — This Page \$400.00	event reported in Section L1?	No If yes, indicate which bra	nch or	r branches	■ No		\$200.00
SUBTOTAL Section B — This Page \$400.00 TOTAL of additional Section B Pages						1	
TOTAL of additional Section B Pages	☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card ☐ Payroll Deduction ☐ Money	Order	g 9/20/2021	\$725.00		
		SUB	гот	AL Section B — This	Page	\$400.0	00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) \$ 148, 854	TOTAL of additional Section B Pages						
	TOTAL OF A				A+B) Totals) \$ 1U	8, 8	354

Section B ADDITIONAL PAGE 30 of 12 U

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository	v)	111/4		TYPE OF REPORT			
Caroline Simmons for Mayor				Octob	er 10 fi	ling	
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)			Period ONLY TAL SECTION A	\$	\$ 0.00		
B. Itemized C	Contr	ribu	tions from Indivi	duals		USU VICE	
Last Name Norinsky		First	udy			MI	
Residential Street Address	City	y			State	Zip Code	
290 Guinea Road	Sta	tamf			СТ	06903	
Principal Occupation		- 1	Name of Employer				
Historic Preservation, Real Estate			Historic Neighborh				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?					/, Amou	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of If yes, indicate which be of government the contributor.	oranch (or br	anches	e contractor?		\$100.00	
Method of Contribution:			Date Received	Aggregate Contributions	-		
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Mol	ney Orc		9/20/2021	\$200.00			
Last Name		First			_1	MI	
Meskers		Ste	ephen				
Residential Street Address	City	y			State	Zip Code	
18 Lockwood Ave	Old	ld Gi	reenwich		СТ	06870	
Principal Occupation			Name of Employer				
State Representative			State of Connection	cut			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?					Amou	unt of Contribution	
Is this contribution associated with an event reported in Section L1? Solution a principal of the section L1? Solution associated with an event reported in Section L1? Solution associated with an event reported in Section L1? Solution associated with an event reported in Section L1? Solution associated with an event reported in Section L1? Solution associated with an event reported in Section L1? Solution associated with an event reported in Section L1? Solution associated with an event reported in Section L1? Solution associated with an event reported in Section L1? Solution associated with an event reported in Section L1? Solution associated with an event reported in Section L1?	branch	or br	anches	e contractor? Yes No Legislative		\$200.00	
Method of Contribution:			Date Received	Aggregate Contributions	┥		
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Mor	ney Ord	der	9/20/2021	\$300.00			
Last Name		First				MI	
Tullis		Jai	mes				
Residential Street Address	City	v			State	Zip Code	
11770 US HIGHWAY 1,STE 503			Beach Gardens		FL	33408	
Principal Occupation			Name of Employer				
Retired			Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?					/, Amou	unt of Contribution	
Is this contribution associated with an associated with an avent reported in Section L1? If yes, list Event # No Section L1? If yes, list Event # Executive Legislative.						\$200.00	
Method of Contribution:			Date Received	Aggregate Contributions	1		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mon	ney Ord	der	9/21/2021	\$400.00			
SU	втот	TAL	Section B — This	Page	\$500.00	0	
TOTA	AL of	fado	litional Section B P	ages			
TOTAL OF ALL CONTRIBUTIONS FRO					1 8,	854	
(Enter total on Lit	ne 13, (Colun	nn A of Summary Page	orars) /	0.		

Section B ADDITIONAL PAGE 31 of 126

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository	v)		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		\$ 0.00					
B. Itemized Contributions from Individuals							
Last Name	F	First			MI		
Guite		Ann					
Residential Street Address	City			State	Zip Code		
1185 Park Avenue, 7F	Nev	w York		NY	10128		
Principal Occupation		Name of Employer			•		
Art Advisor		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							
event reported in Section L1? No If yes, indicate which t					\$25.00		
Method of Contribution:		Date Received	Aggregate Contributions	7			
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Mo	oney Orde	9/21/2021	\$135.00				
Last Name		First			Ml		
Feighan		Michael					
Residential Street Address	City			State	Zip Code		
101 Maple Tree Ave., Apt 2L	Stai	mford		CT	06906		
Principal Occupation		Name of Employer					
Retired		retired					
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes dependent child of a lobbyist? Yes lif contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes lif contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality. Amount of Contribution							
event reported in Section L1? No If yes, indicate which							
Method of Contribution:		Date Received	Aggregate Contributions				
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Mo	oney Orde	er 9/21/2021	\$270.00				
Last Name First MI							
Lazgin	[.	Jane					
Residential Street Address	City			State	Zip Code		
62 Wellington Drive	Sta	ımford		СТ	06903		
Principal Occupation		Name of Employer			(K)		
Instructor		Norwalk Commun	ity College				
	does contributor or business he/she is associated with have a contract with said municipality			ount of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of If yes, indicate which of government the cor	branch o	vith: Executive	☐ Legislative		\$100.00		
Method of Contribution:		Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mo	oney Orde	er 9/21/2021	\$175.00				
SUBTOTAL Section B — This Page \$225.00							
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) \$ 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				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		\$	0.00				
B. Itemized Contributions from Individuals							
Last Name		First			MI		
Adams		Brien					
Residential Street Address	City			State	Zip Code		
58 Sachem Pl	Stamford			CT	06902		
Principal Occupation	Name of Employer			-			
Public Safety		City of Stamford					
s contributor a lobbyist, spouse, r 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?							
event reported in Section L1? No If yes, indicate which bran					\$50.00		
Method of Contribution:	_	Date Received	Aggregate Contributions	_			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Ord	ler 9/21/2021	\$100.00				
Last Name	\neg	First			MI		
Peck		Mohan					
Residential Street Address	City	ų:		State	Zip Code		
237 Rock Rimmon Drive	Sta	amford		СТ	06903		
Principal Occupation		Name of Employer					
expert on sustainable development		retired					
s 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?							
this contribution associated with an vent reported in Section L1? Yes No Is contributor a principal of a state contractor or prospective state contractor?					\$100.00		
Method of Contribution:		Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Ord	ler 9/21/2021	\$200.00				
Last Name First MI							
Forte		Joe					
Residential Street Address	City			State	Zip Code		
109 Buckingham Drive	Sta	amford —————————		СТ	06902		
Principal Occupation							
Optician/ Contact Lens Specialist		Greenwich Ophth	lmology Associate	S			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a	candidate for a chief executive officer of a municipality, sociated with have a contract with said municipality Yes No					
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a If yes, indicate which bra of government the contraction.	nch •	with: Executive Legislative					
Method of Contribution:	. 0-	Date Received	Aggregate Contributions \$100.00				
SUBTOTAL Section B — This Page \$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) \$ 148, 854							

Section B ADDITIONAL PAGE 33 of /20

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		\$ 0.00			
B. Itemized Co	ntril	butions from Individ	duals		
Last Name	F	First			MI
Forman Jr.		Chester			
Residential Street Address	City			State	Zip Code
68 Sandy Lane	Sta	mford		СТ	06905
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?					
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a second reported in Section L1? If yes, list Event # Of government the contract					\$50.00
	CL 15 W	Date Received	Aggregate Contributions	-	
Method of Contribution:	. О 1.	010410004	\$50.00		
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money	_		\$30.00		Lva
Last Name		First			MI
Delaney	[f	Molly			
Residential Street Address	City			State	Zip Code
401 Oldfield Road	Fair	field		CT	06824
Principal Occupation		Name of Employer			
Project Manager		Signify Health			
	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Amount of Contribution Amount of Contribution Yes No				
event reported in Section L1?	ted in Section L1? No If yes, indicate which branch or branches No \$50.00				
Method of Contribution:		Date Received	Aggregate Contributions	7	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Orde:	g 9/21/2021	\$50.00		
Last Name	-	First			MI
McCafferty	- 1	Kathleen			
	City			State	Zip Code
7 Blossom St	1 1	ington		MA	02421
Principal Occupation		Name of Employer			
Pediatric dentist		Chestnut dental as	ecociatos		
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?					int of Contribution
s this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Solution Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Solution Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Solution Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Solution Is contribution associated with an event state contractor? If yes, list Event # Solution Is contribution associated with an event state contractor? If yes, list Event # Solution Is contribution associated with an event state contractor? If yes, list Event # Solution Is contribution associated with an event state contractor? If yes, list Event # Solution Is contribution associated with an event state contractor? If yes, list Event # Solution Is contribution associated with an event state contractor? If yes, list Event # Solution Is contribution associated with an event state contractor? If yes, list Event # Solution Is contribution associated with an event state contractor? If yes, list Event # Solution Is contribution associated with an event state contractor? If yes, list Event # Solution Is contribution associated with an event state contractor? If yes, list Event # Solution Is contribution associated with an event state contractor? If yes, list Event # Solution Is contribution Is contribution associated with an event state contractor or prospective state contractor? If yes, list Event # Solution Is contribution Is					\$50.00
Method of Contribution:		Date Received	Aggregate Contributions	7	
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Orde	er 9/21/2021	\$100.00		
SUBTOTAL Section B — This Page			\$150.00)	
TOTAL of additional Section B Pages					
					<u></u>
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) \$ 148, \$54					54

Section B ADDITIONAL PAGE 34 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-Receiv (See instructions for definition of Small Contributor)		this Period ONLY TOTAL SECTION A	\$	0.00		
						
B. Itemized Co	ntri	butions from Indivi	duals			
Last Name		First			MI	
Malloy		Christopher				
Residential Street Address	City			State	Zip Code	
24 Westcott Rd	Sta	amford		СТ	06902	
Principal Occupation		Name of Employer				
Builder		Stamford Building	Company			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y _z Amou	int of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contraction.	nch o	or branches	e contractor? ☐ Yes ☐ No ☐ Legislative		\$1,000.00	
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Orde	er 9/21/2021	\$2,000.00			
Last Name	T	First			MI	
Lowe		Peter				
Residential Street Address	City			State	Zip Code	
167 Shadow Ridge Rd	Sta	ımford		CT	06905	
Principal Occupation		Name of Employer				
IT engineer		Connecticut				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amou	int of Contribution	
Is this contribution associated with an event reported in Section L1? Section L1? No If yes, list Event # No of government the contra	ınch c	or branches	te contractor? Yes No Legislative		\$10.00	
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	/ Orde	er 9/21/2021	\$60.00			
Last Name	- 1	First			MI	
Mallozzi		Linda		ŕ		
Residential Street Address	City			State	Zip Code	
52 Nutmeg Lane	Sta	amford		СТ	06905	
Principal Occupation Retired		Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a c	candidate for a chief executiv sociated with have a contract Yes No	e officer of a municipality with said municipality	y. Amou	ınt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor?				\$25.00		
Method of Contribution:	.0.1	Date Received 9/21/2021	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Orde	er 3/21/2021	\$75.00			
SUBT	гот	AL Section B — This	Page	\$1,035.0	00	
тоты	L of	additional Section B I	Pages			
TOTAL OF ALL CONTRIBUTIONS FROM		DIVIDUALS (Sections A	A + B) \$ 14	8, 8	54	

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NAME OF COMMITTEE (Provide Complete Name a	as Registered with Filing Repository)	it iv		TYPE OF REPORT			
Caroline Simmons for Ma	ayor			Octob	oer 10 fi	ling	
A. Total Contributions from Sma (See instructions for definition of Small Contributions)			is Period ONLY OTAL SECTION A	\$	0.00		
	B. Itemized Cor	ıtrib	utions from Indivi	duals	VII,		
Last Name		Fi	rst			MI	
Scherer			Daniel				
Residential Street Address		City			State	Zip Code	
117 Flint Rock Rd E		Stan	<u> </u>		СТ	06903	
Principal Occupation			Name of Employer				
Sales			Gimbal				
or dependent child of a lobbyist?	f contribution is in excess of \$400 t loes contributor or business he/she alued at more than \$5,000?				/, Amou	unt of Contribution	
Is this contribution associated with an event reported in Section L1? No If yes, list Event #		ich or l	branches	e contractor?		\$100.00	
Method of Contribution:		-	Date Received	Aggregate Contributions	=		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card	I ☐ Payroll Deduction ☐ Money	Order	9/21/2021	\$400.00			
Last Name		Tri	rst			MI	
Munsie			lachel			1	
Residential Street Address		City			State	Zip Code	
880 P Street Northwest, 616		-	hington		DC	20001	
Principal Occupation			Name of Employer			L.	
Startup founder			Self-employed				
or dependent child of a lobbyist?	f contribution is in excess of \$400 to oes contributor or business he/she is alued at more than \$5,000?				, Amou	unt of Contribution	
Is this contribution associated with an event reported in Section L1? No If yes, list Event #		nch or	branches	e contractor? Yes No Legislative		\$1,000.00	
Method of Contribution:	111		Date Received	Aggregate Contributions	7		
☐ Cash ☐ Personal Check ■ Credit/Debit Card	I □ Payroll Deduction □ Money	Order	9/21/2021	\$2,000.00			
Last Name		Fi	rst			MI	
Gilfeather		N	Maureen				
Residential Street Address		City			State	Zip Code	
195 HIGH CLEAR DR		Stan	nford		СТ	06905	
Principal Occupation			Name of Employer				
Retired			Retired				
Is contributor a lobbyist, spouse,	f contribution is in excess of \$400 t	o a car	ndidate for a chief executive	e officer of a municipality	v. Amor	unt of Contribution	
or dependent child of a lobbyist?	loes contributor or business he/she valued at more than \$5,000?						
Is this contribution associated with an Vos I will be a similar for the section of the section o				\$100.00			
Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card	d □ Payroll Deduction □ Money	Order	9/21/2021	\$325.00			
	SUBT	ОТА	L Section B — This	Page	\$1,200.0	00	
	TOTAL	ofac	dditional Section B P	ages			
		_				c.	
TOTAL OF AL	L CONTRIBUTIONS FROM (Enter total on Line 1		IVIDUALS (Sections A umn A of Summary Page 1		8, 8	54	

Section B ADDITIONAL PAGE 36 of 36

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 Contributions (See instructions for definition of Small Contributor)			his Period ONLY OTAL SECTION A	\$	0.00	
	B. Itemized Cor	ntrib	outions from Individ	duals	V F	A S PLANE
Last Name		F	irst			MI
Christensen			Eleanor			
Residential Street Address		City			State	Zip Code
206 Clay Hill Rd		Star	mford		СТ	06905
Principal Occupation			Name of Employer			
Retired			Retired		=11/	
or dependent child of a lobbyist?			andidate for a chief executive ociated with have a contract Yes No		, Amou	unt of Contribution
event reported in Section L1?	yes, indicate which bran	ich or		■ No		\$25.00
	government the contrac	t is wi		☐ Legislative	_	
Method of Contribution:	_		Date Received	Aggregate Contributions	1	
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payro	Il Deduction LIMoney	Order	9/21/2021	\$125.00		
Last Name		- 1	irst			MI
Rothman			Gayle			
Residential Street Address	ľ	City			State	Zip Code
23 River Oaks Dr Stamford				СТ	06902	
Principal Occupation Name of Employer						
Retired Retired						
or dependent child of a lobbyist?			andidate for a chief executive ociated with have a contract Yes No		Amou	unt of Contribution
event reported in Section L1?	tributor a principal of a syes, indicate which brand government the contract	nch or		e contractor? Yes No Legislative		\$1,000.00
Method of Contribution:			Date Received	Aggregate Contributions	1	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payrol	ll Deduction	Order	9/21/2021	\$2,000.00		
Last Name		F	rirst		1	MI
Orlovsky		- [1	gor			197
Residential Street Address		City			State	Zip Code
37 River Ridge Court		Star	mford		СТ	06902
Principal Occupation			Name of Employer			
Software Engineer			Fujifilm			
or dependent child of a lobbyist?			andidate for a chief executive ociated with have a contract Yes No		Amoi	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative Legislative				\$100.00		
Method of Contribution:			Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payro	Il Deduction Money	Order	9/21/2021	\$175.00		
	SUBT	OTA	AL Section B — This	Page	1,125.0	00
	TOTAL	of a	additional Section B P	ages		
TOTAL OF ALL CONT			DIVIDUALS (Sections A column A of Summary Page)		8,8.	54

Section B ADDITIONAL PAGE 37 of 126

Caroline Simmons for Mayor October 2	October 10 filing		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	0.00		
B. Itemized Contributions from Individuals			
Last Name First	MI		
Schechterman Ellen			
Residential Street Address City Stat	te Zip Code		
98 Clearview Avenue Stamford C	CT 06907		
Principal Occupation Name of Employer	, L		
Software/Language Trainer Self Employed: PC Possibilities, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5.000?	Amount of Contribution		
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor?	00.00		
event reported in Section L1? No If yes, indicate which branch or branches No of government the contract is with: \[\subseteq \text{Executive} \subseteq \subseteq \text{Legislative} \]	\$20.00		
Wednesd of Controller.			
Total Transmit Charles and Traylon Statement Tra	1		
Last Name First Kmetzo Lizzy	MI		
Residential Street Address City State			
0.0000	O6902		
Principal Occupation Name of Employer			
Homemaker			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No	Amount of Contribution		
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative	\$10.00		
Method of Contribution: Date Received Aggregate Contributions			
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money Order 9/22/2021 \$35.00			
Last Name First	MI		
Simmons Eileen	1		
Residential Street Address City State	te Zip Code		
	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? Yes No	Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor?	\$1,000.00		
Method of Contribution: Date Received Aggregate Contributions			
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money Order 9/22/2021 \$2,000.00			
SUBTOTAL Section B — This Page \$1,0	030.00		
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)	, 854		

Section B ADDITIONAL PAGE 38 of 126

NAME OF COMMITTEE (Provide Complete Nat	me as Registered with Filing Repository)			TYPE OF REPORT	W	
Caroline Simmons for Mayor			Octob	October 10 filing		
A. Total Contributions from S (See instructions for definition of Small			his Period ONLY TOTAL SECTION A	\$	0.00)
	B. Itemized Co		outions from Indivi	duals		
Last Name Vandervoort		F	^{First} Adam			MI
Residential Street Address		City			State	Zip Code
64 Oakdale Road		Star	mford		СТ	06906
Principal Occupation			Name of Employer			
Chief Legal Officer	Y		Teladoc Health			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/ Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch or	branches	e contractor?		\$1,000.00
Method of Contribution:			Date Received	Aggregate Contributions	-	
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card ☐ Payroll Deduction ☐ Money	y Order	9/22/2021	\$1,000.00		
Last Name		F	irst	k.		MI
Sandahl			Margo			
Residential Street Address		City			State	Zip Code
377 Glenbrook Rd, Unit 9		Star	mford		СТ	06906
Principal Occupation Teacher			Name of Employer Stamford Board o	of Education		
	L v.c					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a **If yes*, indicate which bra of government the contra	inch or	r branches	te contractor? Yes No Legislative		\$50.00
Method of Contribution:			Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ■ Credit/Debit C	Card ☐ Payroll Deduction ☐ Money	Order	9/22/2021	\$75.00		
Last Name		- 1	rirst		"	MI
Kipness		E	Elise	7		
Residential Street Address		City			State	Zip Code
25 Mayapple Road		Star	mford	-	СТ	06903
Principal Occupation Writer			Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she		andidate for a chief executiv		/, Amo	unt of Contribution
	valued at more than \$5,000?		☐ Yes ■ No		4	
	d in Section L1? No If yes, indicate which branch or branches No				\$100.00	
Method of Contribution: Date Received Aggregate Contributions				7		
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Payroll Deduction Money	y Order	9/22/2021	\$100.00		
	SUB	ГОТА	AL Section B — This	Page	1,150.	00
	TOTAL	L of a	additional Section B F	Pages		
TOTAL OF A	ALL CONTRIBUTIONS FROM	M INI	DIVIDUALS (Sections A	A+B) & //	8. 8	54
	(Enter total on Line	13, Co	lumn A of Summary Page	Totals)	0)	· ,

Section B ADDITIONAL PAGE 39 of 126

NAME OF COMMITTEE (Provide Complete Name	me as Registered with Filing Repository)		A SESTIMATE	TYPE OF REPORT		
Caroline Simmons for Mayor			Octob	October 10 filing		
A. Total Contributions from S (See instructions for definition of Small			his Period ONLY FOTAL SECTION A	\$	0.00	
	B. Itemized Con	ntril	butions from Indivi	duals	Дe,	
Last Name		F	First			MI
Ruiz			Cesar			
Residential Street Address		City			State	Zip Code
39 Sylvan Knoll Rd		Star	mford		СТ	06902
Principal Occupation			Name of Employer			
Life Skills Coach			Abilis Inc			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amou	unt of Contribution
event reported in Section L1?	Yes Is contributor a principal of a s No If yes, indicate which bran	nch or	r branches	e contractor?		\$50.00
If yes, list Event #	of government the contrac	t is w			_	
Method of Contribution:			Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Payroll Deduction Money			\$110.00		
Last Name			First			MI
Sarner		{	Sharyn			
Residential Street Address		City			State	Zip Code
122 Frost Pond Rd		Star	mford		СТ	06903-3031
Principal Occupation			Name of Employer	-		
Retired			Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		ontributor or business he/she is associated with have a contract with said municipality				unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a If yes, indicate which bra of government the contract	nch o	r branches	e contractor? Yes No Legislative		\$150.00
Method of Contribution:	or government are contact	JC 15 W	Date Received	Aggregate Contributions	=	
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Sard □ Payroll Deduction □ Money	Orde	r 9/22/2021	\$450.00		
			First			MI
Vandervoort		- 1	Jessica			IVII
					La	[a: 0]
Residential Street Address		City			State	Zip Code
64 Oakdale Road		Stai	mford		СТ	06906
Principal Occupation			Name of Employer			
Attorney			Self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amou	unt of Contribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state If yes, list Event # Is contributor a principal of a state contractor or prospective state If yes, indicate which branch or branches of government the contract is with:			■ No		\$1,000.00	
Method of Contribution: Date Received Aggregate Contributions						
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Payroll Deduction Money	Orde	9/22/2021	\$1,500.00		
	SUBT	rot.	AL Section B — This	Page	\$1,200.0	00
	TOTAL	of	additional Section B P	ages		
momit on				1 m	_	
TOTAL OF A	ALL CONTRIBUTIONS FROM Enter total on Line		DIVIDUALS (Sections A olumn A of Summary Page		18, 8.	54

Section B ADDITIONAL PAGE 40 of 24

NAME OF COMMITTEE (Provide Complete Name as Regis	stered with Filing Repository)			TYPE OF REPORT		1 1 1 1 1 1 1
Caroline Simmons for Mayor			Octob	October 10 filing		
A. Total Contributions from Small C (See instructions for definition of Small Contribution)			is Period ONLY OTAL SECTION A	\$	0.00	
	B. Itemized Con	trib	utions from Individ	duals		
Last Name		Fi	rst			MI
Berg			Charles			
Residential Street Address	C	City			State	Zip Code
48 Turkey Hill Road South		Wes	tport		CT	06880
Principal Occupation	***		Name of Employer			
consultant			self- consultant			
or dependent child of a lobbyist?	ribution is in excess of \$400 to ontributor or business he/she is at more than \$5,000?				, Amou	unt of Contribution
event reported in Section L1?	contributor a principal of a sta	ch or l	branches	■ No		\$1,000.00
If yes, list Event #	of government the contract	is wit		☐ Legislative	_	
Method of Contribution:			Date Received 9/22/2021	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Pa	ayroll Deduction			\$1,000.00		
Last Name			rst			MI
Baker		S	iteve			
Residential Street Address		City			State	Zip Code
634 Beach Rd	F	Fairf	ield		СТ	06824
Principal Occupation			Name of Employer			
Homemaker Homemaker						
or dependent child of a lobbyist?	ibution is in excess of \$400 to intributor or business he/she is at more than \$5,000?				, Amou	unt of Contribution
Is this contribution associated with an Yes event reported in Section L1? No If yes, list Event #	contributor a principal of a st If yes, indicate which bran- of government the contract	ch or	branches	e contractor? Yes No		\$25.00
Method of Contribution:			Date Received	Aggregate Contributions	1	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Pa	ayroll Deduction Money (Order	9/22/2021	\$25.00		
Last Name		Fi	rst			MI
Edwards		ļκ	Caren			
Residential Street Address	C	City			State	Zip Code
132 Blackberry Drive	;	Stan	nford		СТ	06903
Principal Occupation			Name of Employer			
physician, professor			Retired			
	ribution is in excess of \$400 to	n a car	ndidate for a chief executive	e officer of a municipality	Amou	unt of Contribution
or dependent child of a lobbyist?	ontributor or business he/she is at more than \$5,000?				Alliot	int or Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state of the section L1? If yes, indicate which branch or branches			☐ Legislative		\$500.00	
Method of Contribution: Date Received				Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Pa	ayroll Deduction Money (Order	9/22/2021	\$700.00		
	SUBT	ОТА	AL Section B — This	Page	31,525.0)0
	TOTAL	of a	dditional Section B P	ages		
TOTAL OF ALL CO	ONTRIBUTIONS FROM (Enter total on Line 1:		OIVIDUALS (Sections A Jumn A of Summary Page	A+B) Totals) \$/4	8, 8	854

Section B ADDITIONAL PAGE 41

of	/	d	6
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	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-Receive (See instructions for definition of Small Contributor)		his Period ONLY OTAL SECTION A	\$	0.00			
B. Itemized Con	ntrib	outions from Individ	duals				
Last Name	F	rirst			MI		
Hendry		Debra					
Residential Street Address	City			State	Zip Code		
55 Nichols Ave	Star	mford		СТ	06905		
Principal Occupation		Name of Employer					
retired		retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	andidate for a chief executive ociated with have a contract Yes	e officer of a municipality with said municipality	Amo	ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a second by the	nch or	branches	e contractor?		\$50.00		
Method of Contribution:		Date Received	Aggregate Contributions	-			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Orde	0/00/0004	\$100.00				
Last Name	- 1	rirst			Ml		
Simmons	18	Steven					
Residential Street Address	City			State	Zip Code		
66 Winding Ln	Gre	enwich		СТ	06830		
Principal Occupation		Name of Employer			***		
Chairman Patriot Media Cor			sulting				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	andidate for a chief executive ociated with have a contract Yes No	e officer of a municipality with said municipality	/, Amo	ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a If yes, indicate which bra of government the contra	nch o	r branches	e contractor? Yes No Legislative		\$1,000.00		
Method of Contribution:		Date Received	Aggregate Contributions	7			
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Orde	г 9/22/2021	\$2,000.00				
Last Name	F	First			MI		
Friedman	1	Keith					
Residential Street Address	City			State	Zip Code		
11 Redmont Road	Stai	mford	2.	СТ	06903		
Principal Occupation		Name of Employer			All I		
Life Insurance Planning		FBO Strategies LI	LC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes	to a ca	andidate for a chief executive ociated with have a contract Yes No	e officer of a municipality with said municipality	y, Amo	ount of Contribution		
event reported in Section L1? No If yes, indicate which bra	ssociated with an Yes Is contributor a principal of a state contractor or prospective state				\$500.00		
Method of Contribution:		Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Orde	9/22/2021	\$1,000.00				
SUBT	гот	AL Section B — This	Page	\$1,550	.00		
TOTAL	Lofa	additional Section B I	Pages				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) \$ / 48, 854				854			

Section B ADDITIONAL PAGE 42 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-Receiv (See instructions for definition of Small Contributor)		this Period ONLY FOTAL SECTION A	\$		0.00)	
B. Itemized Con	ntri	butions from Indivi	duals				
Last Name	1	First					MI
Milne		Doug			,		
Residential Street Address	City				State	Zip (
20 Crockett Street	Nor	rwalk			СТ		06853
Principal Occupation		Name of Employer					
realtor/investor		REO Solutions					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is ass	sociated with have a contract	with said	municipality	Amo	ount o	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a second If yes, indicate which braid of government the contract	псһ о	r branches		M No		\$6	00.00
Method of Contribution:		Date Received	Aggregat	e Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Orde	er 9/22/2021	\$600	.00			
Last Name	T	First	.				МІ
Schmalzl		Thomas					
Residential Street Address	City				State	Zip (Code
307 Silver Hill Ln	Sta	mford			CT		06905
Principal Occupation		Name of Employer					
Director, Sales Operations TTEC, Inc.							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a c	candidate for a chief executive sociated with have a contract Yes No	e officer with said	of a municipality municipality	, Amo	ount o	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a lf yes, indicate which bra of government the contra	nch c	or branches		No No		\$3	30.00
Method of Contribution:		Date Received	1 00 0	e Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Orde	er 9/22/2021	\$55.	00			
Last Name	- 1	First					MI
Beirne		Kevin					
Residential Street Address	City				State	Zip	Code 06905
91 Nutmeg Ln	Sta	amford			СТ		00903
Principal Occupation		Name of Employer Retired					
Retired			CC"	0 12	1.		60 11 1
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?					d Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective s			☐ Leg	islative No		\$	50.00
Method of Contribution:		Date Received	1	te Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Ord	er 9/22/2021	\$75.	00			
SUB	гот	TAL Section B — This	Page		\$680.	00	
TOTA	TOTAL of additional Section B Pages						
TOTAL OF ALL CONTRIBUTIONS FROM		NDIVIDUALS (Sections A Column A of Summary Page		\$10	17,	85	4

Section B ADDITIONAL PAGE 43

of/2 6

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Caroline Simmons for Mayor			Octob	October 10 filing		
A. Total Contributions from S (See instructions for definition of Small			his Period ONLY TOTAL SECTION A	\$	0.00	
	B. Itemized Con	ntril	butions from Indivi	duals		
Last Name		F	First			Ml
Aronica		- 1	Barbara			
Residential Street Address		City			State	Zip Code
246 Skyview Dr		Sta	mford		СТ	06902
Principal Occupation			Name of Employer			
Designer			BARBARA COHE	N ARONICA DES	IGNER	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1?	Yes Is contributor a principal of a s			e contractor? ☐ Yes ■ No		\$150.00
If yes, list Event #	of government the contract			☐ Legislative		
Method of Contribution:			Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ■ Credit/Debit C	Card ☐ Payroll Deduction ☐ Money	Orde	er 9/23/2021	\$250.00		
Last Name		F	First	<u> </u>	A	MI
Bilenker			Stephanie			
Residential Street Address		City			State	Zip Code
57 Urban Street		-	mford		СТ	06905
Principal Occupation			Name of Employer			
Attorney (Self-employed) N/A						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	andidate for a chief executive ociated with have a contract Yes No	e officer of a municipality with said municipality	/, Amoi	unt of Contribution
Is this contribution associated with an event reported in Section L1?	Yes Is contributor a principal of a No If yes, indicate which bra of government the contract	nch o	r branches	te contractor? Yes No Legislative		\$1,000.00
Method of Contribution:			Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ■ Credit/Debit C	Card Payroll Deduction Money	Orde	r 9/23/2021	\$2,000.00		
Last Name		F	First			MI
Corbett		- 1	Kevin			
Residential Street Address		City			State	Zip Code
111 High Clear Drive		Sta	mford		СТ	06905
Principal Occupation			Name of Employer			
Project Manager			ALL Construction			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? Is this contribution associated with an large section In Sectin In Section In Section In Section In Section In Section In Secti			r branches with: Executive	Legislative No		\$50.00
Method of Contribution:	_		Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit (Card Payroll Deduction Money	Orde	er 9/23/2021	\$150.00		
SUBTOTAL Section B — This Page \$1,200.00				00		
	TOTAL	of	additional Section B I	Pages		
TOTAL OF	ALL CONTRIBUTIONS FROM	1 INI	DIVIDUALS (Sections A	A+B) ¢//A	17 5	854
	(Enter total on Line	13, Ca	olumn A of Summary Page	Totals)	0, 0) <i>)</i> /

Section B ADDITIONAL PAGE 44 of 126

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	w	
Caroline Simmons for Mayor			October 10 filing		
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		this Period ONLY TOTAL SECTION A	\$	0.00	
B. Itemized Con	atri	butions from Individ	duals	X pl	
Last Name		First			MI
Fleischer		Brian			
Residential Street Address	City			State	Zip Code
45 Belimere Avenue	Sta	amford		СТ	06906
Principal Occupation		Name of Employer			
Business Development Representative		N3 part of Accentu	ure		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she		sociated with have a contract		Amo	unt of Contribution
valued at more than \$5,000?		☐ Yes ■ No		-	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a s If yes, indicate which brance of government the contract	nch o	or branches	e contractor? Yes No Legislative		\$25.00
	i is v	Date Received		-	
Method of Contribution:			Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Orde	er 9/23/2021	\$30.00		
Last Name		First			MI
Schram		Steve			
Residential Street Address	City			State	Zip Code
31 Contentment Island Rd Darien			СТ	06820	
Principal Occupation Name of Employer					
Insurance		Gowrie Group			
Is contributor a lobbyist, spouse,					unt of Contribution
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?	is ass	sociated with have a contract Yes No	with said municipality		
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor? Yes				¢250.00	
event reported in Section L1? If yes, indicate which brai			■ No		\$250.00
If yes, list Event # of government the contract	ct is v	Date Received	Legislative Aggregate Contributions	-	
Method of Contribution:	O-1.		\$250.00	1	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	_		Ψ230.00		
Last Name	- 1	First			MI
Shepherd		Madeline			
Residential Street Address	City			State	Zip Code
180 Turn of River Road, 7C	Sta	amford		СТ	06905
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse,	to a c	candidate for a chief executive	e officer of a municipality	, Amo	unt of Contribution
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?	is ass	sociated with have a contract Yes No	with said municipality		
Is this contribution associated with an Ves Is contributor a principal of a state contractor or prospective state contractor?					¢50.00
event reported in Section L1? If yes, indicate which branch or branches No \$50.00					\$5U.UU
If yes, list Event # Of government the contract is with:					
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Orde		\$805.00		
SUB1	гот	TAL Section B — This	Page	\$325.0	0
		additional Section B F			
	_			. 6	6.6:
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		DIVIDUALS (Sections A Column A of Summary Page		(X)	854

Section B ADDITIONAL PAGE 45 of 10

NAME OF COMMITTEE (Provide Complete Nat	me as Registered with Filing Repository)	V	7	TYPE OF REPORT	# °	1000
Caroline Simmons for Mayor			Octob	October 10 filing		
A. Total Contributions from S (See instructions for definition of Small			is Period ONLY OTAL SECTION A	\$	0.00	
	B. Itemized Co.	ntrib	utions from Individ	duals		
Last Name		Fin	rst			MI
Smit			Caroline			
Residential Street Address		City			State	Zip Code
109 Silver Hill Lane		Stan			СТ	06905
Principal Occupation			Name of Employer			
Seasonal			City of Stamford			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amou	ant of Contribution
Is this contribution associated with an event reported in Section L1?	Yes Is contributor a principal of a significant which brain of government the contract	nch or l	branches	e contractor?		\$100.00
Method of Contribution:			Date Received	Aggregate Contributions	_	
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card □ Payroll Deduction □ Money	Order	0.400.400.04	\$250.00		
Last Name		Fi	rst		-	MI
Lowenthal		- 1	erri			
Residential Street Address		City			State	Zip Code
100 Commons Park North, 805		Starr	nford		CT	06902
Principal Occupation			Name of Employer			
Consultant Self-employed: Census Consultant (not an LLC)				_LC)		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No Amount of Contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?				ınt of Contribution		
	ed in Section L1? No If yes, indicate which branch or branches No				\$100.00	
Method of Contribution:			Date Received	Aggregate Contributions	7	
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Payroll Deduction Money	Order	9/23/2021	\$200.00		
Last Name		Fi	irst		_	MI
Bingle		N	Michael			
Residential Street Address		City			State	Zip Code
73 Club Rd		Rive	erside		СТ	06878
Principal Occupation			Name of Employer			
Investment adviser			Silver Lake Partne	ers		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No Amount of Co				unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor?				\$1,000.00		
Method of Contribution:	_		Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Payroll Deduction Money	Order	9/23/2021	\$2,000.00		
	SUB	ГОТА	AL Section B — This	Page	\$1,200.0)0
	TOTAL	Lofa	dditional Section B I	Pages		
TOTALOR	ALL CONTRIBUTIONS FROM		WE SELL WIN		0 +	CIA
TOTAL OF			lumn A of Summary Page		8, 8	24

Section B ADDITIONAL PAGE 46 of /26



Caroline Simmons for Mayor A. Total Contributions from Small Contributors-Received this Period ONLY (See tournections for definition of Small Contributors) B. Itemized Contributions from Individuals Survivine Standard Stan	NAME OF COMMITTEE (Provide Complete Nam	ne as Registered with Filing Repository)	3.		TYPE OF REPORT			
Summariance	Caroline Simmons for Mayor			Octob	October 10 filing			
State Catherine First Catherine					\$	0.00		
State Catherine First Catherine								
Cohan Catherine Catherine Catherine Catherine State Sty State Sty State CT 06902 Principal Occupation Retired So contribution a lobbyist, spouse, or dependent child of a lobbyst; with an event reported in Section L17 Pres, list Event # Personal Check Credit/Debit Card Payroll Deduction Money Order Stamford Catherine Catherine Catherine State City State Retired So contribution a sociated with an event reported in Section L17 Processor Committee to the contract with and municipality valued at more than \$5,0007 Is this contribution associated with an event reported in Section L17 Processor Committee to the contract with and municipality valued at more than \$5,0007 Is this contribution associated with an event reported in Section L17 Processor Committee to the contract with an event reported in Section L17 Processor Committee to the contract with an event reported in Section L17 Processor Committee to the contract with an event reported in Section L17 Processor Committee to the contract with an event reported in Section L17 Processor Committee to the contract with an event reported in Section L17 No Stamford City Stamford Amount of Contribution State Terry State City Stamford Amount of Contribution State Contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality valued at more than \$5,0007 Processor Contribution associated with an event reported in Section L17 Processor Contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality valued at more than \$5,0007 State Contribution associated with an event reported in Section L17 No State Contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality valued at more than \$5,0007 Processor Contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality valued at more than \$5,0007 State Contribution is in excess of \$400 to a candidate for a chief executive officer of a municipal		B. Itemized Co	ntrib	outions from Indivi	duals		E) 70/2/5-11 T	
Residential Stores Address 25 Wallacks Drive Stamford Sta			- 1				MI	
Stamford						C4-1-	Zin Codo	
Retired Retired Retired Retired Retired Retired			S-100 MC	nford		1	· .	
Is contribution a lobbysist, spouse, or dependent child of a lobbysist? Yes or dependent child of a lobbysist? Yes or dependent child of a lobbysist? Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contribution associated with an event reported in Section L1? Yes								
South Sout	Retired			Retired				
sevent reported in Section L1? Method of Courrbution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Payroll Deduction Payroll Deduction Money Order Payroll Deduction Payroll Deduction Payroll Deduction Money Order Payroll Deduction Payroll Deduction Payroll Deduction Money Order Payroll Deduction Payroll D		does contributor or business he/she		ociated with have a contract		y, Amou	unt of Contribution	
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 9/23/2021 \$1,600.00	event reported in Section L1?	No If yes, indicate which bra	nch or	branches	■ No		\$500.00	
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 9/23/2021 \$1,600.00				Date Received		=		
Residential Street Address 99 Gutzon Borglum Rd Principal Occupation Retired Stamford		Card □ Payroll Deduction □ Money	Order	9/23/2021	\$1,600.00			
Residential Street Address 99 Gutzon Borglum Rd Stamford State State State State State State State State Of the policy Stamford State	Last Name		Fi	irst			MI	
99 Gutzon Borglum Rd Stamford	Blank		1	erry				
Retired Scontributor a lobbyist, spouse, or dependent child of a lobbyist? No No No No No No No N	Residential Street Address		City				Zip Code	
Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No valued at more than \$5,000 Is this contribution associated with an event reported in Section L1? No	99 Gutzon Borglum Rd		Stan	nford		CT	06903	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No late contract with said municipality, or dependent child of a lobbyist? No late than \$5,000? Statis contribution associated with an event reported in Section L1? No late than \$5,000? Statis contribution associated with an event reported in Section L1? No late than \$5,000? Statis contract with said municipality valued at more than \$5,000? No late Received No late than \$5,000? Statis contractor or prospective state contractor? Statis contractor contracto	Principal Occupation Name of Employer							
does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? Is this contribution associated with an event reported in Section L1? Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Michael Residential Street Address City New York Now Now York Now Now York Now Now York Now Now York	Retired			Retired				
event reported in Section L1? No		No does contributor or business he/she is associated with have a contract with said municipality				/, Amou	unt of Contribution	
Method of Contribution: Cash	event reported in Section L1?	No If yes, indicate which bra	If yes, indicate which branch or branches				\$25.00	
City State Zip Code		or government the contra	CC IS W	γ		-		
Volpe Residential Street Address 1270 Avenue Of The Americas Principal Occupation Attorney Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of Contribution: City State Zip Code NY 10020 Name of Employer Venable LLP Venable LLP	☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card ☐ Payroll Deduction ☐ Money	Order	9/23/2021	\$25.00			
Volpe Residential Street Address 1270 Avenue Of The Americas Principal Occupation Attorney Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Michael City New York Ny Zip Code Ny 10020 Name of Employer Venable LLP	Last Name		F	irst	J		MI	
Principal Occupation Attorney Name of Employer Venable LLP			l N	Michael				
Principal Occupation Attorney Name of Employer Venable LLP			City			State	Zip Code	
Attorney Scontributor a lobbyist, spouse, or dependent child of a lobbyist? Yes or dependent child of a lobbyist? No No Venable LLP If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No No Is contribution associated with an event reported in Section L1? No If yes, indicate which branch or branches of government the contract is with: Executive Legislative	1270 Avenue Of The Americas		New	/ York		NY	10020	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of Contribution:	Principal Occupation			Name of Employer				
or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No S1,000.00 \$1,000.00	Attorney			Venable LLP				
event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Date Received Aggregate Contributions		a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality			y. Amou	unt of Contribution		
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money Order 9/23/2021 \$1,000.00	event reported in Section L1?	No If yes, indicate which bra	nch or	branches	■ No		\$1,000.00	
\$4.505.00	Method of Contribution: Date Received Aggregate Contributions							
SUBTOTAL Section B — This Page \$1,525.00	☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Payroll Deduction Money	Order	9/23/2021	\$1,000.00			
		SUB	ГОТА	AL Section B — This	Page	\$1,525.0	00	
TOTAL of additional Section B Pages		ТОТА	Lofa	dditional Section B I	Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) \$ (48, 854)	TOTAL OF A					54		

Section B ADDITIONAL PAGE 47 of 12 6

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TY			TYPE OF REPORT	E OF REPORT		
Caroline Simmons for Mayor			Octob	October 10 filing		
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		this Period ONLY TOTAL SECTION A	\$	0.00)	
B. Itemized Co.	ntri	butions from Indivi	duals			
Last Name	I	First			MI	
Concannon		Claudia				
Residential Street Address	City			State	Zip Code	
2 Oneida Drive, A2	Gre	enwich		СТ	06830	
Principal Occupation		Name of Employer				
homemaker		homemaker				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/ _E Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a second reported in Section L1? If yes, list Event # No If yes, indicate which branch of government the contract of government the government of government the government of government the government of government the government of government of government the government of go	nch o	r branches	e contractor?		\$1,000.00	
Method of Contribution:		Date Received	Aggregate Contributions	-		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Orde	er 9/23/2021	\$1,000.00			
Last Name		First			MI	
Hoak		Wendi				
Residential Street Address	City			State	Zip Code	
31 PEPPER RIDGE PLACE	Sta	mford		СТ	06905	
Principal Occupation Name of Employer						
Personal Trainer Inspire Fitness						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	No does contributor or business he/she is associated with have a contract with said municipality					
event reported in Section L1? No If yes, indicate which bra				\$100.00		
Method of Contribution:		Date Received	Aggregate Contributions	7		
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money	Orde	er 9/23/2021	\$150.00			
Last Name		First			MI	
Dowd		Remy				
Residential Street Address	City			State	Zip Code	
44 Orchard Drive	Gre	eenwich		СТ	06830	
Principal Occupation Name of Employer						
Psychotherapist		Remy Dowd Ther	ару			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?				ount of Contribution		
le this contribution associated with an Vas It contributes a principal of a state contractor or prognettive state contractor?			\$100.00			
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Orde	er 9/23/2021	\$100.00			
SUBT	гот	AL Section B — This	Page	\$1,200	.00	
TOTAL	L of	additional Section B I	Pages			
				8,854		

Section B ADDITIONAL PAGE 48 of A G

NAME OF COMMITTEE (Provide Complete Name as Register	red with Filing Repository)			TYPE OF REPORT		
Caroline Simmons for Mayor				Octo	ber 10	filing
A. Total Contributions from Small Con (See instructions for definition of Small Contributor)			is Period ONLY OTAL SECTION A	\$	0.00	
				!!		
	B. Itemized Con	tribu	utions from Indivi	duals	4	TWO YES
Last Name		Fir	rst			MI
Gordon	To		Emily		T _{St} .	Zip Code
Residential Street Address 35 W Broad Street, Unit 126		ity Stam	oford		State	
Principal Occupation		Otam	Name of Employer			00002
Acting Community Development Director &	Planning Analyst		City of Stamford			
or dependent child of a lobbyist? No does conti	ution is in excess of \$400 to ributor or business he/she is more than \$5,000?				ty, An	nount of Contribution
event reported in Section L1?	ontributor a principal of a sta <i>fyes</i> , indicate which brance of government the contract	ch or b	oranches	e contractor? Ye		\$500.00
Method of Contribution:			Date Received	Aggregate Contributions	_	
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Pays	roll Deduction	Order	9/23/2021	\$1,000.00		
Last Name		Fire	st			МІ
Forman		J€	ennifer S			
Residential Street Address		City			State	Zip Code
10 Halliwell Dr		Stam	ford		СТ	06902
Principal Occupation			Name of Employer			
unemployed			Unemployed			
or dependent child of a lobbyist?					nount of Contribution	
event reported in Section L1?	ontributor a principal of a st If yes, indicate which brane of government the contract	ch or l	branches	e contractor? Ye		\$25.00
Method of Contribution:	or government the contract	. 15 111	Date Received	Aggregate Contributions	-	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payr	roll Deduction Money (Order	9/23/2021	\$100.00		
Last Name		Fir	st			MI
Gordon		S	am			
Residential Street Address	lo	City			State	Zip Code
35 West Broad Street, Unit 126		Stam	nford		СТ	06902
Principal Occupation			Name of Employer			
Director of Development			Boys & Girls Club	of Stamford		
				nount of Contribution		
event reported in Section L1?	ontributor a principal of a st If yes, indicate which brand of government the contract	ch or t	branches	Legislative		\$1,000.00
Method of Contribution:			Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Pay	roll Deduction Money (Order	9/23/2021	\$1,000.00		
	SUBT	ОТА	L Section B — This	Page	\$1,52	5.00
	TOTAL	of ac	dditional Section B F	Pages		
TOTAL OF ALL CON			IVIDUALS (Sections A umn A of Summary Page	A + B) Totals)	18,	854

Section B ADDITIONAL PAGE 49 of 126

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) T			TYPE OF REPORT		
Caroline Simmons for Mayor			October 10 filing		
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		this Period ONLY FOTAL SECTION A	\$	0.00	
B. Itemized Con	ntril	butions from Indivi	duals		
Last Name	F	First			MI
Findeisen		Erik			
Residential Street Address	City			State	Zip Code
167 Fairview Ave	Sta	mford		СТ	06902
Principal Occupation		Name of Employer			
CEO		FC Data			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				Amoi	unt of Contribution
Is this contribution associated with an Yes Is contributor a principal of a s		contractor or prospective state	e contractor?	1	\$1,000.00
event reported in Section L1? No If yes, indicate which bran of government the contract of government the government the government the government the government the government the government of government the governmen			☐ Legislative		V 1,000100
Method of Contribution:		Date Received	Aggregate Contributions	_	
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Orde	er 9/23/2021	\$2,000.00		
Last Name		First			MI
Steinberg		Judith			
	City			State	Zip Code
7 Wallacks Lane Stamford			СТ	06902	
Principal Occupation Name of Employer					
painter, sculptor		self -			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality				unt of Contribution	
valued at more than \$5,000?		☐ Yes ■ No		-	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a If yes, indicate which bra of government the contra	nch o	or branches	e contractor?		\$500.00
If yes, list Event # of government the contract Method of Contribution:	CL IS V	Date Received	Aggregate Contributions		
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money				1	
	_	First	ψ1,000.00		МІ
Last Name Galperin	- 1	Fern			IVII
				l a	Zip Code
Residential Street Address 19 Bellmere Avenue	City	ımford		State CT	06906
	Sia				00300
Principal Occupation Marketing and Communications		Name of Employer			
	to a a	andidate for a chief executive	e officer of a municipality	/ A mou	unt of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes over dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No				THE OF CONTENDED	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative			\$100.00		
Method of Contribution:		Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Orde	er 9/23/2021	\$200.00		
SUBT	гот	AL Section B — This	Page	\$1,600.0	00
тоты	of	additional Section B F	Pages		
TOTAL OF ALL CONTRIBUTIONS FROM	ı IN	DIVIDUALS (Sections A		8, 8	CU
(Enter total on Line	13, C	olumn A of Summary Page	Totals) P (7	0,0	3 /

Section B ADDITIONAL PAGE 50 of 124

or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes event reported in Section L1? No If yes, indicate which branch or branches of government the contract is with: Executive Legislative Method of Contribution: Date Received 9/23/2021 \$150.00 Last Name Osborn First State Zip Code G4 Hemlock Hill Rd. New Canaan CT 06840 Name of Employer	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE			TYPE OF REPORT	E OF REPORT		
Substitutions for definition of Small Contributions Substitutions Substi	Caroline Simmons for Mayor			Octob	October 10 filing		
Residential Street Address Cardivarian Contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality of dependent child of a lobbyist? South Cardivarian				\$	0.00)	
Residential Street Address Cardivarian Contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality of dependent child of a lobbyist? South Cardivarian							
Residential Street Address 73 Club Rd Residential Street Address 74 Club Rd Riverside Riverside	B. Itemized Co	ntri	butions from Indivi	duals	-3-7		
Residential Street Address	Last Name		First			MI	
Principal Occupation Lawyer Name of Employer Not employer	Bingle		Eryn				
Principal Occupation Lawyer Name of Employer Not employed	Residential Street Address	City			State	1 '	
Lawyer Not employed Scontributor a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent ch	73 Club Rd	Riv	erside		CT	06878	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist? No lose contributor or business he/she is associated with have a contract with said municipality, of government the contract is with said municipality and said that a contract with said municipality and said that a contract with said municipality and said that a contract with said municipality and said that said that said municipality and said that said that said that said municipality and said that said that said that said municipality and said that sa	Principal Occupation		Name of Employer			***	
Static contribution associated with an event reported in Section L1? No Vest Is contribution associated with an event reported in Section L1? No No Vest Is contribution associated with an event reported in Section L1? No No Vest Is contribution associated with an event reported in Section L1? No No Vest Is contribution associated with an event reported in Section L1? No No Vest Is contribution associated with an event reported in Section L1? No No Vest Is contribution associated with an event reported in Section L1? No No Vest Is contribution associated with an event reported in Section L1? No No Vest Is contribution associated with an event reported in Section L1? No No Vest Is contribution associated with an event reported in Section L1? No No Vest Is contribution associated with an event reported in Section L1? No No Vest Is contribution associated with an event reported in Section L1? No No Vest Is contribution associated with an event reported in Section L1? No No Vest Is contribution associated with an event reported in Section L1? No No Vest Is contribution associated with an event reported in Section L1? No No Vest Is contribution Is contribution associated with an event with address No No Vest Is contribution Is contrib	Lawyer		Not employed				
event reported in Section L1? ffyes, list Event #	or dependent child of a lobbyist?	to a c e is ass	sociated with have a contract	e officer of a municipality with said municipality	y, Amo	unt of Contribution	
Method of Contribution:	event reported in Section L1? No If yes, indicate which bra	ınch o	or branches	No		\$1,000.00	
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 9/23/2021 \$2,000.00		iot ib vi			=		
Petersen First Judith B First Judith B Petersen State Address City Stamford CT O6906		v Orde	er 9/23/2021				
Residential Street Address 102 Pine Hill Ave, A-1 Staml						Тмі	
Residential Street Address 102 Pine Hill Ave, A-1 State State City Stamford							
Stamford					State	Zip Code	
Principal Occupation Retired Name of Employer Retired				1 '			
Retired Secontributor a lobbyist, spouse, or dependent child of a lobbyist? No No No No No No No N							
or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? State Coty New Canaan Coty							
event reported in Section L1? No If yes, indicate which branch or branches of government the contract is with: Executive Legislative	or dependent child of a lobbyist?	siness he/she is associated with have a contract with said municipality				unt of Contribution	
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money or First Cash State Cosborn Residential Street Address 64 Hemlock Hill Rd. Principal Occupation Date Received 9/23/2021 First Frank City New Canaan Name of Employer Aggregate Contributions \$150.00 MI Captall Street Contributions \$150.00 MI Captall Street Contributions \$150.00 MI Captall Street Contributions \$150.00 MI Captall Contributions MI Cap	event reported in Section L1? If yes, indicate which bra	eported in Section L1? If yes, indicate which branch or branches No No				\$100.00	
Last Name Osborn Residential Street Address 64 Hemlock Hill Rd. Principal Occupation First Frank City New Canaan Name of Employer MI Zip Code CT 06840					=		
Osborn Frank Residential Street Address 64 Hemlock Hill Rd. Principal Occupation Frank City New Canaan Name of Employer Name of Employer	☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Orde	er 9/23/2021	\$150.00			
Residential Street Address 64 Hemlock Hill Rd. Principal Occupation City New Canaan CT 06840 Name of Employer	Last Name	Ti	First			МІ	
64 Hemlock Hill Rd. Principal Occupation New Canaan CT 06840 Name of Employer	Osborn		Frank				
Principal Occupation Name of Employer	Residential Street Address	City			State	Zip Code	
	64 Hemlock Hill Rd.	Nev	w Canaan		СТ	06840	
retired	Principal Occupation Name of Employer						
remed	retired		retired				
	or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality				unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor?	\$500.00						
Method of Contribution: Date Received Aggregate Contributions Plant Pl							
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money Order 9/23/2021 \$1,000.00	☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Orde	er 9/23/2021	\$ 1,000.00			
SUBTOTAL Section B — This Page \$1,600.00	SUB	тот	'AL Section B — This	Page	\$1,600. ¹	00	
TOTAL of additional Section B Pages	TOTA	Lof	additional Section B F	Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				A+B) \$148	851	Ч	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Caroline Simmons for Mayor			Octob	October 10 filing		
A. Total Contributions from Small Contributors-Receivable (See instructions for definition of Small Contributor)		his Period ONLY FOTAL SECTION A	\$	0.00		
B. Itemized C	ontril	butions from Individ	duals			
Last Name	F	First		MI		
Meyer		Jeff				
Residential Street Address	City			State Zip Code		
300 Haig Avenue	Sta	mford		CT 06905		
Principal Occupation		Name of Employer				
Executive Sales Specialist		Teva Pharmaceut	icals			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/sl valued at more than \$5,000?	00 to a ca	andidate for a chief executive cociated with have a contract Yes No	e officer of a municipality with said municipality	Amount of Contribution		
event reported in Section L1? No If yes, indicate which be	anch or		e contractor? Yes No Legislative	\$100.00		
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	100 15 W	Date Received	Aggregate Contributions	-		
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mon	ey Orde	0.100.10004	\$300.00			
Last Name	F	First		Mi		
Nye	1	Matthew				
Residential Street Address	City			State Zip Code		
27 West 74th St	Nev	w York		NY 10023		
Principal Occupation Name of Employer						
home		Wenner Family Ll	_C			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$40 does contributor or business he/sl valued at more than \$5,000?	No does contributor or business he/she is associated with have a contract with said municipality					
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of If yes, indicate which be of government the contributor of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which is a principal of If yes, indicate which is yes a principal of If yes, indicate which is a principal of If y	ranch o		te contractor? Yes No Legislative	\$1,000.00		
Method of Contribution:		Date Received	Aggregate Contributions	7		
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Mon	ey Orde	er 9/24/2021	\$1,000.00			
Last Name		First	L	MI		
Bushell		Victor				
Residential Street Address	City			State Zip Code		
245 Ocean Dr E	Sta	amford		CT 06902		
Principal Occupation		Name of Employer				
Attorney		Bushell Sovak & h	Kane LLP			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$44 does contributor or business he/s valued at more than \$5,000?	tor a lobbyist, spouse, nt child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality			y, Amount of Contribution		
event reported in Section L1? No If yes, indicate which b	■ No If yes, indicate which branch or branches of government the contract is with: □ Executive □			\$100.00		
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mon	ney Orde	er 9/24/2021	\$200.00	1 000 00		
SU	втот	AL Section B — This	Page	\$1,200.00 		
TOT	AL of	additional Section B I	Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) \$ 19859				,854		

Section B ADDITIONAL PAGE 52 of 26

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 Sm (See instructions for definition of Small Co			his Period ONLY TOTAL SECTION A	\$	\$ 0.00		
	B. Itemized Cor	ıtril	butions from Indivi	duals	To-		
Last Name		F	First			MI	
Demby			Elayne				
Residential Street Address		City			State	Zip Code	
77 Havemeyer Lane,Unit 105		Sta	mford		СТ	06902	
Principal Occupation			Name of Employer				
writer/attorney			Self employed				
or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				, Amoi	unt of Contribution	
Is this contribution associated with an Y	ls contributor a principal of a s If yes, indicate which bran		contractor or prospective state	No		\$100.00	
If yes, list Event #	of government the contrac	t is w	ith: Executive	☐ Legislative			
Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Car	rd □ Payroll Deduction □ Money	Orde	ı 9/24/2021	\$100.00			
Last Name		F	First			MI	
Zussman		1	Noah				
Residential Street Address		City			State	Zip Code	
86 Wendell Street, #1 Cambridge MA				MA	02138		
Principal Occupation Name of Employer							
Development ADL							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?				unt of Contribution			
Is this contribution associated with an event reported in Section L1? No If yes, list Event #		nch o	r branches	e contractor? Yes No Legislative		\$25.00	
Method of Contribution:			Date Received	Aggregate Contributions	-		
☐ Cash ☐ Personal Check ☐ Credit/Debit Care	d Payroll Deduction Money	Orde	г 9/24/2021	\$25.00			
Last Name		F	First	ļ		MI	
Concannon Jr.		١	William				
Residential Street Address		City			State	Zip Code	
19 Washington Ave, B		Gre	enwich		СТ	06830	
Principal Occupation			Name of Employer				
The 39 Group			Self Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Amount of Contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?				unt of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative \$500.00				\$500.00			
Method of Contribution:	_		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Car	rd Payroll Deduction Money	Orde	9/25/2021	\$500.00			
	SUBT	OT	AL Section B — This	Page	\$625.0	0	
	TOTAL	ofa	additional Section B F	ages			
TOTAL OF AL	LL CONTRIBUTIONS FROM		DIVIDUALS (Sections A		8,85	54	

Section B ADDITIONAL PAGE 53 of 1d6

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 ON (See instructions for definition of Small Contributor) SUBTOTAL SECTION	LY c
B. Itemized Contributions from I	
Last Name VENNEY Tann	MI
Residential Street Address 27 We range of the street Address and the street Address are street and the str	State Zip Code NY 10023
Principal Occupation	ed
valued at more than \$5,000.	contract with said municipality
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospect of the principal of a state contractor or principal or principal or principal or principal or principal or	coutive 🗆 Legislative 🚺 No
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ 212-413	
Eakin First Lindsa	V I Trick Code
Residential Street Address 7171 Woodmont Avenue Bethelda Principal Occupation Name of Employer	State Zip Code 20814
Retired Retired	d
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief e does contributor or business he/she is associated with have a contributor or business he/she is a social with have a contributor or business he/she is a social with have a contributor or business he/she is a social with have a contributor or business he/she is a social with have a contributor or business he/she is a social with have a contributor or business he/she is a social with have a contributor or business he/she is a social with have a contributor or business he/she is a social with have a contributor or business he/she is a contributor or b	contract with said municipality No
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospect of the section L1? If yes, indicate which branch or branches of government the contract is with:	ecutive Legislative
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ Payroll Deduction □ Payroll Deduction □ Money Order □ Payroll Deduction □ Payrol	Aggregate Contributions
Last Name [Celler John]	MI State Zip Code
Residential Street Address 1 DA CUCINUW Principal Occupation Name of Employer	d CT 06207
Director. Deloi	He semiles LPI
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief of does contributor or business he/she is associated with have a valued at more than \$5,000?	executive officer of a municipality, contract with said municipality No
The production of the producti	tive state contractor? Yes No No Legislative Aggregate Contributions
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ 9/2 (2/2)	
SUBTOTAL Section B —	This Page \$ / 700
TOTAL of additional Secti	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sec (Enter total on Line 13, Column A of Summa)	ry Page Totals) \$/48; (54

Section B ADDITIONAL PAGE __54__ of _

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NAME OF COMMITTEE (Provide Complete Name	ne as Registered with Filing Repository)	W	5- 1-154 L 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TYPE OF REPORT		Mary of the	
Caroline Simmons for Mayor			Octob	October 10 filing			
A. Total Contributions from St (See instructions for definition of Small)			his Period ONLY FOTAL SECTION A	\$	0.00		
			*				
	B. Itemized Con	ntri	butions from Indivi	duals			
Last Name		T	First			MI	
Apfel			Audrey				
Residential Street Address		City			State	Zip Code	
10 Black Rock Rd		Sta	mford		СТ	06903	
Principal Occupation			Name of Employer				
Ombuds			Gartner Inc.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amou	unt of Contribution	
	No If yes, indicate which brar	nch o	r branches	contractor? Yes No Legislative		\$500.00	
If yes, list Event #	of government the contrac	I IS W			-		
Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Cash	ard Payroll Deduction Money	Orde	9/26/2021	\$550.00			
Last Name		- 1	First			MI	
Gordon			Meryl				
Residential Street Address		City			State	Zip Code	
65 Woods End Road		Sta	mford		CT	06905	
Principal Occupation			Name of Employer				
Retired			Retired				
Is contributor a lobbyist, spouse, Or dependent child of a lobbyist?						unt of Contribution	
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Yes Yes No S50.0				\$50.00			
Method of Contribution:			Date Received	Aggregate Contributions	7		
☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	ard □ Payroll Deduction □ Money	Orde	er 9/26/2021	\$100.00			
Last Name			First			MI	
Fox		- 1	Virginia				
Residential Street Address		City			State	Zip Code	
165 Van Rensselaer Ave		Sta	mford		СТ	06902	
Principal Occupation			Name of Employer				
Homemaker			Homemaker				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No					unt of Contribution		
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative \$5000.			\$500.00				
Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ■ Credit/Debit C	ard ☐ Payroll Deduction ☐ Money	Orde	er 9/26/2021	\$500.00			
	SUBT	ТОТ	AL Section B — This	Page	\$1,050.0)0	
	TOTAL	of	additional Section B P	ages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) \$ 149, 854				54			

Section B ADDITIONAL PAGE 55 of 126

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Re	epository)		W 11.	TYPE OF REPORT			
Caroline Simmons for Mayor			-	October 10 filing			
A. Total Contributions from Small Contributors- (See instructions for definition of Small Contributor)			is Period ONLY OTAL SECTION A	\$ 0.00			
B. Itemi:	ized Con	trib	utions from Individ	duals	W. P.		
Last Name		Fir	rst			MI	
Hughes			Donna				
Residential Street Address		ity			State	Zip Code	
31 Emma Rd		Stam	nford		CT	06905	
Principal Occupation			Name of Employer				
retired			Chase Freedom				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess does contributor or busing valued at more than \$5,00	ness he/she is	o a can s assoc	ndidate for a chief executive ciated with have a contract	e officer of a municipality with said municipality	y, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a print of the print of	which branc	ch or b		e contractor?		\$100.00	
Method of Contribution:			Date Received	Aggregate Contributions	-		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction	☐Money (Order	9/26/2021	\$350.00			
Last Name		Fir	st			Ml	
Ketchum		P	auline				
Residential Street Address	C	ity			State	Zip Code	
185 Round Hill Rd		Gree	nwich		CT	06831	
Principal Occupation			Name of Employer			1	
Homemaker			homemaker				
	ess he/she is		didate for a chief executive ciated with have a contract Ves No		/, Amo	ount of Contribution	
event reported in Section L1?	which brane	ch or		e contractor? Yes No Legislative		\$1,000.00	
If yes, list Event # of government Method of Contribution:	the contract	. IS WIL	Date Received	Aggregate Contributions	-		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction	□Money (Order	9/26/2021	\$2,000.00			
Last Name		Fir		+-,		MI	
Bernstein			lyssa			1411	
			19554				
Residential Street Address		ity			State	Zip Code	
30 Crofts Lane		Stam	ntord		СТ	06903	
Principal Occupation			Name of Employer				
Realtor			self-employed				
	ness he/she is		ndidate for a chief executive ciated with have a contract Yes No		y, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a print of the print of government to the government	which branc	ch or b		e contractor? Yes No Legislative		\$250.00	
Method of Contribution: Date Received			Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction	☐Money (Order	9/27/2021	\$250.00			
	SUBT	OTA	L Section B — This	Page	\$1,350.	.00	
	TOTAL	of ac	dditional Section B P	ages			
TOTAL OF ALL CONTRIBUTION				(1 + B) 8 / 4	8, 3	854	
(Enter total	a on Line 13	, cou	umn A of Summary Page	ouns) / (-/	· ,	

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of	/a	6
O.	$-\alpha$	v

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 S (See instructions for definition of Small			nis Period ONLY OTAL SECTION A	\$		0.00)	
	B. Itemized Con	ntrib	outions from Indivi	duals	MESS THE S		23	
Last Name		F	irst					MI
Fenger			J Christian					
Residential Street Address		City				State	Zip	Code
2223 Yardley Morrisville Rd		Yard	dley			PA		19067
Principal Occupation			Name of Employer					
Telecom Exec			Astound Broadba	nd				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					/, Ame	ount	of Contribution
Is this contribution associated with an event reported in Section L1?	Yes Is contributor a principal of a s No If yes, indicate which brar			e contrac	tor?		\$1	,000.00
If yes, list Event #	of government the contrac			☐ Legi	slative			
Method of Contribution:			Date Received	Aggregat	e Contributions			
☐ Cash ☐ Personal Check ■ Credit/Debit C	Card ☐ Payroll Deduction ☐ Money	Order	9/26/2021	\$2,0	00.00			
Last Name		Fi	irst					MI
Hicks		E	Barbara					
Residential Street Address		City				State	Zip	Code
248 Loveland Rd		Stan	nford			СТ		06905
Principal Occupation			Name of Employer					
Retired			Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?					Amo	unt	of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a If yes, indicate which brate of government the contract	nch or	branches		M No		\$	25.00
Method of Contribution:			Date Received		e Contributions	=		
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card □ Payroll Deduction □ Money	Order	9/27/2021	\$85.	00			
Last Name		F	irst					МІ
Stuart		L	₋isa					
Residential Street Address		City				State	Zip	Code
519 North Maple Avenue		Gree	enwich			СТ		06830
Principal Occupation			Name of Employer					
homemaker			homemaker					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	indidate for a chief executive ociated with have a contract Yes No	e officer with said	of a municipality I municipality	y, Am	ount	of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective s				Mo No		\$1	,00.000	
Method of Contribution: Date Received Aggregate Contributions								
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Payroll Deduction Money	Order	9/27/2021	\$2,0	00.00			
	SUBT	OTA	AL Section B — This	Page		\$2,025	.00	
	TOTAL	ofa	dditional Section B I	Pages				
TOTAL OF A	ALL CONTRIBUTIONS FROM		DIVIDUALS (Sections A		\$/4	8, 8	35	4

Section B ADDITIONAL PAGE 57 of 126

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository))		TYPE OF REPORT		the contract of
Caroline Simmons for Mayor			Octob	oer 10 fi	ling
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)		this Period ONLY	\$	0.00	
B. Itemized C	ontr	ibutions from Indivi	duals		Katharin a
Last Name Knight		First Beth			MI
Residential Street Address	City			State	Zip Code
64 E. Hunting Ridge Road		amford		СТ	06903
Principal Occupation		Name of Employer			
Advertising		Strawberry Frog			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$40 does contributor or business he/sl valued at more than \$5,000?	00 to a he is as	candidate for a chief executive sociated with have a contract Yes No	e officer of a municipality with said municipality	y, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of If yes, indicate which be of government the contributor.	ranch (e contractor? ☐ Yes No ☐ Legislative		\$150.00
Method of Contribution:		Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mon	ney Ord	er 9/27/2021	\$150.00		
Last Name		First			MI
Mehra		Sanjeev			
Residential Street Address	City			State	Zip Code
44 Mayfair Lane	Gr	eenwich		CT	06831
Principal Occupation		Name of Employer		-	
Private Equity		Periphas Ca[ital			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/sl valued at more than \$5,000?				y, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of If yes, indicate which be of government the contributor of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contribution associated with an event reported in Section L1?	ranch		te contractor? Yes No Legislative		\$1,000.00
Method of Contribution:	tract is	Date Received	Aggregate Contributions	\dashv	
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Mon	ney Ord	ler 9/27/2021	\$2,000.00		
Last Name		First			Mi
Meister		Michael			
Residential Street Address	City			State	Zip Code
15 White Birch Lane	Sta	amford		CT	06905
Principal Occupation		Name of Employer			
Director Exhibition Design		Museum of Natura	al History		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$44 does contributor or business he/s valued at more than \$5,000?				у, Ато	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? No If yes, indicate which be of government the contribution of government the contribution approximately	ranch		e contractor? ☐ Yes ☐ No ☐ Legislative		\$500.00
Method of Contribution:		Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Mor	ney Ord	der 9/27/2021	\$1,100.00		
SUI	втот	TAL Section B — This	Page	\$1,650.	00
тот	AL of	f additional Section B I	Pages		
TOTAL OF ALL CONTRIBUTIONS FRO			A+B) \$ /C	18.	854
(Enter total on Liv	ne 13, (Column A of Summary Page	Totals) T)	

Section B ADDITIONAL PAGE 58 of /26

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository	v)		TYPE OF REPORT				
Caroline Simmons for Mayor			October 10 filing				
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)		this Period ONLY TOTAL SECTION A	\$ 0.00				
B. Itemized C	Contri	ibutions from Indivi	duals	\$5. T			
Last Name		First			Ml		
Krupa		Beth					
Residential Street Address	City			State	Zip Code		
25 Forest Street, 17A	Sta	amford		СТ	06901		
Principal Occupation		Name of Employer					
Interior Design		Beth Krupa Interio	rs, LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?				, Amoi	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor.	branch c		contractor? Yes No		\$250.00		
Method of Contribution:		Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ More	ney Ord	er 9/27/2021	\$250.00				
Last Name		First			MI		
Stuart		Scott			ľ		
Residential Street Address	City			State	Zip Code		
519 North Maple Avenue	Gre	eenwich		СТ	06830		
Principal Occupation Name of Employer							
Financier Sageview Capital							
	does contributor or business he/she is associated with have a contract with said municipality				unt of Contribution		
Is this contribution associated with an event reported in Section L1? Solution If yes, list Event # No of government the con	branch (e contractor? Yes No Legislative		\$1,000.00		
Method of Contribution:	Titruot 15	Date Received	Aggregate Contributions	-			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mor	ney Ord	er 9/27/2021	\$2,000.00				
Last Name		First			МІ		
Farin		Philip					
Residential Street Address	City			State	Zip Code		
5 East Ridge Road	1 1	amford		СТ	06903		
Principal Occupation		Name of Employer					
Retired		Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?				, Amoi	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? No If yes, indicate which be of government the contribution of government the contribution associated with an event reported in Section L1?	branch o		e contractor? Yes No		\$25.00		
Method of Contribution:		Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Mo	oney Ord	er 9/27/2021	\$50.00				
SUBTOTAL Section B — This Page \$1,275.00							
TOTAL of additional Section B Pages							
TOTAL OF ALL CONTRIBUTIONS FR				8, 8	54		
(Enter total on Lin	ne 13, C	Column A of Summary Page	otats)	-, -			

Section B ADDITIONAL PAGE 59 of /26

NAME OF COMMITTEE (Provide Complete Name	me as Registered with Filing Repository)			TYPE OF REPORT	Mile	
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			\$ 0.00			
				-		
	B. Itemized Co	ntrib	outions from Indivi	duals	1	The last of the
Last Name		F	irst			MI
Tedesco			Camille		·	
Residential Street Address 95 Intervale Rd, Unit #28		City Star	mford		State	Zip Code 06905
Principal Occupation			Name of Employer			
Retired			Retired			
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she				y, An	nount of Contribution
, <u> </u>	valued at more than \$5,000?		☐ Yes ■ No			
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	e contractor? ☐ Yes ☐ No ☐ Legislative		\$100.00
Method of Contribution:			Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card ☐ Payroll Deduction ☐ Money	Order	9/27/2021	\$200.00		
Last Name		F	irst			MI
Casper		S	Stewart			
Residential Street Address		City			State	Zip Code
6 Sunset Lane		Pou	nd Ridge		NY	10576
Principal Occupation			Name of Employer			
Attorney			Casper & de Tole	do LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Am	nount of Contribution
	Yes Is contributor a principal of a No If yes, indicate which bra		branches	No No		\$250.00
If yes, list Event #	of government the contra	ct is w		☐ Legislative	_	
Method of Contribution:			Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Payroll Deduction Money	Order	9/27/2021	\$250.00		
Last Name		F	irst	M.		МІ
Cohen		F	Richard			
Residential Street Address		City			State	Zip Code
115 Broadway, #15		New	v York		NY	10006
Principal Occupation			Name of Employer			
Owner			Capital Properties			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, An	nount of Contribution
	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch or	branches	e contractor? ☐ Yes ☐ No ☐ Legislative		\$1,000.00
Method of Contribution:			Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card ☐ Payroll Deduction ☐ Money	Order	9/27/2021	\$2,000.00		_
	SUB	ГОТА	AL Section B — This	Page	\$1,350).00
TOTAL of additional Section B Pages						
TOTAL OF					4.5	68-11
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) \$ / 48, 854						

Section B ADDITIONAL PAGE 60 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			\$	0.00)		
B. Itemized	d Con	tril	butions from Indivi	duals	7 W.	es il	3016 E - 1
Last Name		F	First				MI
Biondi			Carol				
Residential Street Address	C	ity			State	Zip (Code
10375 Wilshire Blvd, 11A	Įι	_os	Angeles		CA		90024
Principal Occupation			Name of Employer				
Child advocate			Volunteer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of does contributor or business by valued at more than \$5,000?					/, Amo	ount of	Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principa If yes, indicate whice of government the configuration of government the configuration.	ch branc	ch or		e contractor?		\$1,0	00.00
Method of Contribution:	CONTINUE	15 **	Date Received	Aggregate Contributions	-		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ N	Money (Orde		\$2,000.00			
Last Name		F	First				MI
Lowenthal		-	Terri				
Residential Street Address	c	ity			State	Zip C	Code
100 Commons Park North, 805		Star	mford		СТ		06902
Principal Occupation		_	Name of Employer				
Census Consultant (not an LLC)			Self-employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of does contributor or business to valued at more than \$5,000?	f \$400 to he/she is	a ca	andidate for a chief executive ociated with have a contract Yes No	e officer of a municipality with said municipality	/, Amo	ount of	Contribution
Is this contribution associated with an event reported in Section L1? Section L1? Is contributor a principal of government the configuration of government the	ch bran	ch o		te contractor? Yes No Legislative		\$1	00.00
Method of Contribution:			Date Received	Aggregate Contributions	7		
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ N	Money C	Ordei	r 9/27/2021	\$200.00			
Last Name		F	First				MI
Beltran		F	Robert				
Residential Street Address	C	ity	7		State	Zip C	Code
56 Elm Tree Place	9	Stai	mford		СТ		06906
Principal Occupation			Name of Employer				
Advertising & Marketing			Lumentus				
	is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipal does contributor or business he/she is associated with have a contract with said municipality				/, Amo	ount of	Contribution
event reported in Section L1? No If yes, indicate which	ontribution associated with an operated in Section L1? Yes Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches			■ No		\$1	00.00
Method of Contribution: Date Received Aggregate Contributions							
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ N	Money (Orde	r 9/27/2021	\$100.00			
	SUBT	OT	AL Section B — This	Page	\$1,200.	.00	
то	DTAL	of a	additional Section B F	'ages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 5/48,854							

SEEC FORM 20 Revised January 2015

Section B ADDITIONAL PAGE 6 of 126

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT				
Caroline simmons for mayor	October 10 Filins				
A. Total Contributions from Small Contributors-Received this Period ONLY	s				
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A	L				
B. Itemized Contributions from Indiv	riduals MI				
Last Name First CONOY	1417				
Residential Street Address City	State Zip Code				
24 knakum mod lead Greenmen	CT 06831				
Principal Occupation Name of Employer RPA ESTATA KIMIO E	entr				
Is contributor a lobbyist, spouse. Yes If contribution is in excess of \$400 to a candidate for a chief execution is in excess of \$400 to a candidate for a chief execution is in excess of \$400 to a candidate for a chief execution is in excess of \$400 to a candidate for a chief execution is in excess of \$400 to a candidate for a chief execution is in excess of \$400 to a candidate for a chief execution is in excess of \$400 to a candidate for a chief execution is in excess of \$400 to a candidate for a chief execution is in excess of \$400 to a candidate for a chief execution is in excess of \$400 to a candidate for a chief execution is in excess of \$400 to a candidate for a chief execution is in excess of \$400 to a candidate for a chief execution is in excess of \$400 to a candidate for a chief execution is in excess of \$400 to a candidate for a chief execution is in excess of \$400 to a candidate for a chief execution is in excess of \$400 to a candidate for a chief execution is in excess of \$400 to a candidate for a chief execution is executed by the execute	ive officer of a municipality, Amount of Contribution				
or dependent child of a lobbyist?	ct with said municipality				
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective statement reported in Section L1? If yes, indicate which branch or branches	No.				
If yes, list Event # of government the contract is with:	Legislative \$\int \(\frac{1}{\pi} \) \(\frac{1}{\pi} \)				
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ 27121	Aggregate Contributions				
Last Name First	МІ				
Jennings Will					
Residential Street Address City	State Zip Code NY 1 2404				
311 COPEI STYCET Principal Occupation Name of Employer	NY 1 2404				
	wilson tarel				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of the contribution is in excess of \$400 to a candidate for a chief execution does contributor or business he/she is associated with have a contract valued at more than \$5,000?	ive officer of a municipality, at with said municipality Amount of Contribution				
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective standard in Section L1? If yes, indicate which branch or branches of government the contract is with: Executive	e ☐ Legislative				
Method of Contribution: Date Received	Aggregate Contributions				
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ 9127121 Last Name First	9 00 ·				
Cavalieno Robeit					
Residential Street Address 92 Bar more Dr. W. Stam Rod	State Zip Code CT 06905				
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 executed does contributor or business he/she is associated with have a contravalued at more than \$5,000?	ct with said municipality				
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? If yes, list Event # Secutive Is contributor a principal of a state contractor or prospective state in the secutive of government the contract is with: □ Executive □ Executi	e Legislative				
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received	Aggregate Contributions				
SUBTOTAL Section B — Thi	is Page \$ 1,200.00				
TOTAL of additional Section B	Pages				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections					

Section B ADDITIONAL PAGE __62__

of $\sqrt{2}$ 6	
7 / CA A	_

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-Receive (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$	0.00		
B. Itemized Con	ntrib	outions from Indivi	duals	v ***		
Last Name	Fi	irst			MI	
Roth		Courtney				
Residential Street Address	City			State	Zip Code	
42 New Street	Rye			NY	10580	
Principal Occupation		Name of Employer				
Advertising		Google				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car	ndidate for a chief executive ciated with have a contract	e officer of a municipality with said municipality	, Amou	ent of Contribution	
Is this contribution associated with an Yes Is contributor a principal of a s	state co		e contractor?	-		
event reported in Section L1? No If yes, indicate which brar of government the contrac	nch or	branches	■ No □ Legislative		\$5.00	
Method of Contribution:		Date Received	Aggregate Contributions	=		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	0.107.100.04	\$5.00			
Last Name		irst		_,,	MI	
Farrell	V	Villiam				
Residential Street Address	City			State	Zip Code	
353 Cocoanut Row	Palm	n Beach		FL	33480	
Principal Occupation		Name of Employer				
retired		retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amou	nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a lfyes, indicate which brait of government the contract of government the contract of government.	nch or	branches	e contractor? Yes No Legislative		\$1,000.00	
Method of Contribution:		Date Received	Aggregate Contributions	=		
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money	Order	9/27/2021	\$2,000.00			
Last Name		irst			MI	
Selden	F	Robin				
Residential Street Address	City			State	Zip Code	
15 White Birch Lane	Stan	mford		СТ	06905	
Principal Occupation		Name of Employer		1		
Caterer		Marcia Selden Ca	tering			
Is contributor a lobbyist, spouse,	to a ca	ndidate for a chief executive	e officer of a municipality	/. Amor	ınt of Contribution	
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?						
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a section L1? If yes, list Event # Is contributor a principal of a section L1? If yes, list Event #	nch or	branches	■ No □ Legislative		\$1,000.00	
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	9/27/2021	\$2,000.00			
SUBTOTAL Section B — This Page				\$2,005.0	00	
TOTAL	Lofa	dditional Section B I	Pages			
TOTAL OF ALL CONTRIBUTIONS FROM		DIVIDUALS (Sections A lumn A of Summary Page		8. 85	54	
(Enter total on Line	13, COL	uma A of Summary Page	i villa)	-, -	•	

Section B ADDITIONAL PAGE 63 of 126

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Caroline Simmons for Mayor A. Total Contributions from Small Contributors—Received this Period ONLY (See insurance for definition of Smull Contributory) B. Hemized Contributions from Individuals See	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	1816		TYPE OF REPORT				
Signature Superior	Caroline Simmons for Mayor			October 10 filing				
Teach Teac				\$ 0.00				
Teach Teac								
Corsino Deldre	B. Itemized Co	ontril	butions from Indivi	duals				
Redectiful Steven Address City Stamford City Stamford City		F				MI		
Stamford Stamford Stamford CT 06905-2429			Deidre					
Principal Occupation Name of Employee GCDS Scottibution is in excess of \$400 to a candidate for a chief executive efficer of a municipality, observed that of a lobbyist, apouse, or dependent child of a lobbyist No Yes Security Yes Security Yes Security Yes		20010	mofo ud			_		
Development Office Assoc. Combibution associated with an ordered contribution associated with an ordered performance of a looky st. spouse, ordered contribution associated with an ordered contribution of page and the proposed of the properties of a contributor of the state of the properties of a contributor of the state of the properties of a contributor of the state of the properties of the contributor of the state of the properties of the contributor of the state of the properties of the contributor of properties state contractor? Yes Yyes, instruct of the properties of government the contract is with Personal Check Credit/Debit Card Payroll Deduction Money Order Page Pag		Sta	The state of the s		CI	00905-2429		
does contributor or business he/she is associated with have a contract with said municipality very late to contribution associated with an event reported in Section 1.17 very late of the contribution associated with an event reported in Section 1.17 very late of the contribution associated with an event reported in Section 1.17 very late of the contribution associated with an event reported in Section 1.17 very late of the contribution associated with an event reported in Section 1.17 very late of the contribution associated with an event reported in Section 1.17 very late of the contribution associated with an event reported in Section 1.17 very late of the contribution associated with an event reported in Section 1.17 very late of the contribution associated with an event reported in Section 1.17 very late of the contribution associated with an event reported in Section 1.17 very late of the contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, and at more than \$5.0007 very late 1.000.00 very late 1.000.00 very late 1.000.00 very late 2.000.00 very late 3.000.00 very la								
Is this contribution associated with an event reported in Section L1? Vere with the point of the properties of properties of the properties of propert	or dependent child of a lobbyist?		sociated with have a contract		/, Amou	ınt of Contribution		
Method of Centributions: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Payroll Deduction Payroll Deduction Payroll Deduction Money Order Payroll Deduction Payroll Deduction Payroll Deduction Money Order Payroll Deduction Payroll Deduction Money Order Payroll Deduction Payroll Deduction Payroll Deduction Money Order Payroll Deduction Payroll Deduction Payroll Deduction Money Order Payroll Deduction Payroll Deduct	event reported in Section L1? No If yes, indicate which br	anch or	r branches	■ No		\$30.00		
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 9/27/2021 \$55.00	7,75,755				-			
City North Salem State Address State State State State Address State State State State State Address State		ey Orde	9/27/2021			,		
Residential Street Address City North Salem NY Amount of Contribution State NY State No State	Last Name					MI		
S Cat Ridge Road North Salem	Levesque		Yulia					
Principal Occupation Office Manager Is contributor a Jobbyist, spouse, or dependent child of a lobbyist? No loa candidate for a chief executive officer of a municipality, valued at more than \$5,000? Yes No loa candidate for a chief executive with said municipality, valued at more than \$5,000? Yes No loa contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No loa candidate for a chief executive with said municipality valued at more than \$5,000? Yes No loa contributor or principal of a state contractor or prospective state contractor? Yes No logovernment the contract is with: Section Living State						·		
Secontributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of this contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, of dependent child of a lobbyist? No No No Yes No St this contribution associated with an event reported in Section L17 Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Yes Yes, indicate which branch or branches Yes		Nor	th Salem		NY	10560		
If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, or dependent child of a lobbyist?								
or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? Yes Stockholder Section L1? Yes No Of government the contract is with: Executive Legislative Section L1? No State Section L1? Substitution associated with an event reported in Section L1? Section L2. Sectio	Office Manager		PATRIOT MEDIA	& COMMUNICAT	IONS			
event reported in Section L1?	or dependent child of a lobbyist? No does contributor or business he/sh		ociated with have a contract		Amou	int of Contribution		
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 9/27/2021 \$2,000.00	event reported in Section L1? No If yes, indicate which be	ranch o	or branches	No No		\$1,000.00		
Residential Street Address City State Zip Code					7			
Turner Sally	☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	ey Orde	er 9/27/2021	\$2,000.00				
Residential Street Address 275 Lake Avenue City	Last Name	F	First			MI		
Principal Occupation Retired Retired Retired Retired	Turner		Sally					
Principal Occupation Retired Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order SUBTOTAL Section B Pages TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	Residential Street Address	City			State	Zip Code		
Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? If yes, list Event # Stypes, list Event # Stypes, list Event # Date Received Aggregate Contributions Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 9/27/2021 \$275.00 Retired Retired Retired Retired Retired Retired Retired Amount of Contribution Personal Check Stypes, indicate which branch or branches Yes No No Stypes, indicate which branch or branches Stypes, indicate which branch or branches Stypes, list Event # Executive Legislative Legislative Stypes, legislative Legislative Stypes, legisla	275 Lake Avenue	Gre	eenwich		СТ	06830		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contribution or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes No Is contribution a principal of a state contractor or prospective state contractor? Yes No If yes, indicate which branch or branches of government the contract is with: Executive Legislative Legislative Subtrotal Section B - This Page \$1,130.00 SUBTOTAL Section B - This Page \$1,130.00 TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$ / U. 8 R C M	Principal Occupation		Name of Employer					
or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Retired		Retired					
event reported in Section L1? If yes, lidicate which branch or branches of government the contract is with: Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 9/27/2021 \$275.00 SUBTOTAL Section B — This Page \$1,130.00 TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	or dependent child of a lobbyist?		sociated with have a contract		/, Amou	ant of Contribution		
Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money Order 9/27/2021 \$275.00 SUBTOTAL Section B — This Page \$1,130.00 TOTAL of additional Section B Pages TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	event reported in Section L1? No If yes, indicate which br	ranch oi	r branches	No		\$100.00		
SUBTOTAL Section B — This Page \$1,130.00 TOTAL of additional Section B Pages TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)								
TOTAL of additional Section B Pages TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mon	ey Orde	9/27/2021	\$275.00				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	SUE	зтот.	AL Section B — This	Page	\$1,130.0	00		
	TOTA	L of	additional Section B F	'ages				
					8,85	4		

Section B ADDITIONAL PAGE 64 of 100



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		\$	0.00			
	B. Itemized Cor	ntril	butions from Indivi	duals		
Last Name		F	First			MI
Rubin			Elizabeth			
Residential Street Address		City			State	Zip Code
75 Courtland Ave. Unit 9		Sta	mford		СТ	06902
Principal Occupation			Name of Employer			
Retired			Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?					, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1?	Yes Is contributor a principal of a s			e contractor?		\$25.00
If yes, list Event #	of government the contrac			☐ Legislative		
Method of Contribution:			Date Received	Date Received Aggregate Contributions		
☐ Cash ☐ Personal Check ■ Credit/Debit C	Card ☐ Payroll Deduction ☐ Money	Orde	9/27/2021	\$75.00		
Last Name		F	First			MI
Kaiko			Jackie			
Residential Street Address		City			State	Zip Code
76 Mill Rd		star	mford		СТ	06903
Principal Occupation			Name of Employer			
retired			retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?						unt of Contribution
	this contribution associated with an Pyes Is contributor a principal of a state contractor or prospective state contractor? Yes No If yes, indicate which branch or branches No \$100.00					\$100.00
Method of Contribution:				Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Payroll Deduction Money	Orde	er 9/27/2021	\$670.00		
Last Name		Ī	First	J		Мі
Meyer			Erin			
Residential Street Address		City			State	Zip Code
300 Haig Avenue		Sta	mford		CT	06905
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?					unt of Contribution	
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative \$100.00					\$100.00	
Method of Contribution:			Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Payroll Deduction Money	Orde	er 9/27/2021	\$200.00		
	SUBT	тот	AL Section B — This	Page	\$225.0	0
	TOTAL	of:	additional Section B I	ages		
TOTALOR	ALL CONTRIBUTIONS FROM					C
TOTAL OF A	ALL CONTRIBUTIONS FROM	1 11NI 13, Ca	olumn A of Summary Page	Totals) \$ / 4	8, 8	54

Section B ADDITIONAL PAGE 65 of /26

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		\$	0.00			
B. Itemized Co	ntri	ibut	ions from Indivi	duals		
Last Name		First				MI
Hart		EII	len			
Residential Street Address	City	i.			State	Zip Code
2440 Long Ridge Rd	Sta	amfo	ord		СТ	06903
Principal Occupation		N	Name of Employer			
Accountant			Garden Homes M	gmt Corp		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?					/, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a lf yes, indicate which brains the section L1?	anch o	or bra	inches	■ No	\$20.00	
If yes, list Event # of government the contra	act is v	with:	☐ Executive	☐ Legislative		
Method of Contribution:		D	Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Ord	der	9/27/2021	\$70.00		
Last Name		First				IM
Selden		Jeffrey				
Residential Street Address	City	-			State	Zip Code
7 WEDGES FIELD ROAD		estor	n		СТ	06883
Principal Occupation			Name of Employer			
Caterer Marcia Selden Ca			tering			
	f contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, oes contributor or business he/she is associated with have a contract with said municipality alued at more than \$5,000?				unt of Contribution	
event reported in Section L1? If yes, indicate which br	= \(\frac{1}{3} \)					\$350.00
Method of Contribution:			Date Received	Aggregate Contributions	7	
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money			9/27/2021	\$500.00		
Last Name		First		-		MI
Rosen		Gol	ldy			
Residential Street Address	City	Ď.			State	Zip Code
62 Woodbrook Drive	Sta	amfo	ord		СТ	06907
Principal Occupation	1	- I	Name of Employer			1
Retired		F	Retired			
Is contributor a lobbyist, spouse,) to a	candio	date for a chief executive	e officer of a municipality	/ Amo	unt of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No Amount of Co						
s this contribution associated with an vent reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor?			\$25.00			
Method of Contribution:			Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Ord	der	9/27/2021	\$75.00		
SUBTOTAL Section B — This Page \$395.00					0	
ТОТА	L of	f add	itional Section B P	ages		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				A + B) Totals) 4/47	7, 8.	SY

Section B ADDITIONAL PAGE 66 of /26

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	110		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			\$ 0.00			
		butions from Indivi	duals	MO.		
Last Name	F	First			MI	
Petersen		Ellen				
Residential Street Address	City				Zip Code	
77 Nottingham Dr Stamford				CT	06907	
Principal Occupation		Name of Employer				
Retired		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			with said municipality	/, Amou	nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	r branches	e contractor?		\$200.00	
Method of Contribution:		Date Received	Aggregate Contributions	-		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Orde		\$400.00			
Last Name	F	First			MI	
Ross	-	Joan				
Residential Street Address	City			State	Zip Code	
50 Pine Tree Drive	Star	mford		СТ	06906	
Principal Occupation		Name of Employer	il i			
Teacher		Norwalk Commun	ity College			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	byist? No does contributor or business he/she is associated with have a contract with said municipality					
	Io If yes, indicate which branch or branches No				\$25.00	
Method of Contribution: Date Received Aggregate Contributions Aggregate Contributions Aggregate Contributions Aggregate Contributions Contributio				-		
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money Order 9/27/2021			\$25.00			
Last Name	F	First			МІ	
Morris						
Residential Street Address	City	Gwendolyn		State	Zip Code	
2435 Bedford Street, Unit 1H	- 33	mford		CT	06905	
Principal Occupation		Name of Employer				
former Media Executive		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?					nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # No Is contributor a principal of a state contractor or prospective state of government the contract is with: Executive			e contractor? Yes No		\$350.00	
Method of Contribution:		Date Received	Aggregate Contributions			
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money Order 9/27/2021 \$1,350.00						
SUBTOTAL Section B — This Page \$575.00)	
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)			A+B) 6/48	6148,854		

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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			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$ 0.00			
B. Itemized C	ontri	butions from Indivi	duals	Type B		
Last Name Maletta		First Emily			MI	
Residential Street Address	City			State	Zip Code	
3917 Highwood Ct NW Washington				DC	20007	
Marketer	Principal Occupation Name of Employer Marketer Capital One					
T 17 T 10 C 11 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1	20.4	·	00 0 11 14		. 40 . 11 . 1	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$40 does contributor or business he/si valued at more than \$5,000?				/, Amou	nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Yes Is contributor a principal of If yes, indicate which be of government the cont	ranch o		e contractor?		\$100.00	
Method of Contribution:		Date Received	Aggregate Contributions	-		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mon	ney Orde		\$100.00			
Last Name	F	First			MI	
Côté		John M				
Residential Street Address	City			State	Zip Code	
23 Hubbard Ave Stamford				CT	06905	
Principal Occupation	-	Name of Employer				
Senior VP		Paloma Partners				
s contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No						
event reported in Section L1?						
Method of Contribution: Date Received Aggregate Contributions						
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money Order 9/27/2021 \$50.00						
Last Name First MI						
Smith Dominique						
Residential Street Address	City			State :	Zip Code	
3300 North Scottsdale Road, #5106		ottsdale		AZ	85251	
Principal Occupation		Name of Employer				
Bartender Bevvy						
	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?				nt of Contribution	
event reported in Section L1? No If yes, indicate which b				\$10.00		
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mon	iey Orde	9/28/2021	\$10.00			
SUBTOTAL Section B — This Page \$160.00						
TOTA	AL of	additional Section B P	ages			
TOTAL OF ALL CONTRIBUTIONS FRO				8,85	4	
(Enter total on Lin	ie 13, C	olumn A of Summary Page	(Villa)	100		

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NAME OF COMMITTEE (Provide Complete Name as	s Registered with Filing Repository)	TOTAL.		TYPE OF REPORT		med a file
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			\$ 0.00			
	B. Itemized Cor		outions from Indivi	duals		
Last Name Sklover			Andrew			MI
Residential Street Address 68 Mather Road Sta			nford		State Zi	ip Code 06903
Principal Occupation			Name of Employer			
Insurance Broker			Sklover Benefits 0	Group, Inc.		
or dependent child of a lobbyist?	contribution is in excess of \$400 to oes contributor or business he/she alued at more than \$5,000?				/, Amount	t of Contribution
Is this contribution associated with an event reported in Section L1? No If yes, list Event #		ich or	branches	e contractor?		\$25.00
Method of Contribution:			Date Received	Aggregate Contributions	-	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card	☐ Payroll Deduction ☐ Money	Order	9/28/2021	\$50.00		
Last Name		Fi	rst			MI
Gatto jr.		J	oseph			
Residential Street Address		City				p Code
25 ELMBROOK DR Stamford			nford		СТ	06906
Principal Occupation	1/1		Name of Employer		1 11711	
retired retired						
s 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?						of Contribution
Is this contribution associated with an event reported in Section L1?	No If yes, indicate which branch or branches No \$25.00					\$25.00
If yes, list Event # Of government the contract is with: □ Executive □ Legislative Method of Contribution: Date Received Aggregate Contributions						
54			\$50.00			
Klipstein		- 1	irst Emma			MI
Residential Street Address		City			State Zi	ip Code
45 Rose Avenue		Los	Angeles		CA	90291
Principal Occupation			Name of Employer			
Creative Director Outstanding Foo			Outstanding Food	s		
or dependent child of a lobbyist?						t of Contribution
Is this contribution associated with an event reported in Section L1? No If yes, list Event #				9	\$100.00	
Method of Contribution:	*		Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ■ Credit/Debit Card	☐ Payroll Deduction ☐ Money	Order	9/28/2021	\$100.00		
SUBTOTAL Section B — This Page \$150.00						
TOTAL of additional Section B Pages						
TOTAL OF ALI	L CONTRIBUTIONS FROM		DIVIDUALS (Sections A		8,85	4
	(Emer wan on Line I	2, 00	1. of Summary 1 age		/	

Section B ADDITIONAL PAGE 69 of /26

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		A 30	
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			\$ 0.00			
		outions from Individ	duals	4) 14		
Last Name		irst			MI	
Ziotas		Angelo				
Residential Street Address	City			State	Zip Code	
474 Ponus Ridge Road	New	v Canaan		СТ	06840	
Principal Occupation		Name of Employer				
Trial attorney		Silver Golub & Tei	tell LLP			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?				, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of If yes, indicate which by of government the contributor.	ranch or	branches	e contractor? Yes No		\$1,000.00	
Method of Contribution:		Date Received	Aggregate Contributions	-		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mon	ey Order	9/28/2021	\$1,000.00			
Last Name	Fi	irst			MI	
Adams	K	Karen				
Residential Street Address	City			State	Zip Code	
114 Club Rd	Stan	mford		CT	06905	
Principal Occupation		Name of Employer				
homemaker		homemaker				
	lobbyist? No does contributor or business he/she is associated with have a contract with said municipality					
event reported in Section L1? If yes, indicate which b						
Method of Contribution:	iuci is w	Date Received	Aggregate Contributions	=		
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money Order 9/28/2021 \$75.00						
Last Name		irst			MI	
Hearn	- 1	Gervais				
Residential Street Address	City			State	Zip Code	
405 Atlantic Street, 12D	- 22	mford		СТ	06901	
Principal Occupation	Joian	Name of Employer			1 00001	
Fundraiser		St. Lawrence Univ	versity			
	No does contributor or business he/she is associated with have a contract with said municipality					
event reported in Section L1?					\$100.00	
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mon	ey Order	9/28/2021	\$370.00			
SUBTOTAL Section B — This Page \$1,150.00						
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)						

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	WILL		
Caroline Simmons for Mayor			Octob	October 10 filing		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$	0.00		
B. Itemized Co.	ntrit	butions from Individ	duals			
Last Name	F	First			MI	
Geller		Asya				
Residential Street Address	City			State	Zip Code	
25 Copper Beech Rd	Gre	enwich		СТ	06830	
Principal Occupation		Name of Employer				
Business Development		Local Moms Netw	ork			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amou	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a second of government the contract of government the government the government the government of government the government of government the government the government of government of government the government of governm	nch or	r branches	contractor? Yes No Legislative		\$200.00	
Method of Contribution:		Date Received	Aggregate Contributions	7		
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money	/ Ordei	9/28/2021	\$200.00			
Last Name	F	First			MI	
Ward	۱	Karyn				
Residential Street Address	City			State	Zip Code	
27 LINDSTROM RD, Unit 7B Stamford				СТ	06902	
Principal Occupation		Name of Employer				
Executive Assistant The Ashforth Company						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				', Amou	unt of Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a If yes, indicate which bra	nch or	r branches	■ No		\$500.00	
If yes, list Event # of government the contract Method of Contribution:	ct is w		☐ Legislative Aggregate Contributions	-		
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money	Order		\$1,400.00			
Last Name		First	Ψ1,100.00		MI	
Lingwood	١.	lan			IMI	
				I co	Zip Code	
Residential Street Address 7707 Meadow Lane	Cho	evy Chase		State MD	20815	
	Crie			IVID	20010	
Principal Occupation Name of Employer						
Sales		Compass Group				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				Amou	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of a section L1? If yes, list Event # Section L1?	nch or	r branches	e contractor? Yes No Legislative		\$250.00	
Method of Contribution:		Date Received	Aggregate Contributions	7		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	/ Order	9/28/2021	\$250.00			
SUBTOTAL Section B — This Page \$950.00					0	
TOTAL	Lofa	additional Section B P	ages			
TOTAL OF ALL CONTRIBUTIONS FROM			1.00	n # :		
(Enter total on Line 13, Column A of Summary Page Totals)						

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Rep	ository)			TYPE OF REPORT		
Caroline Simmons for Mayor			Octob	October 10 filing		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$	0.00		
B. Itemiz	zed Con	trib	utions from Indivi	duals	15.34	Lef Dan
Last Name Clark		Fi	rst Billy			MI
Residential Street Address	C	ity			State	Zip Code
415 West 23rd Street, 17B	1	۷ew	York		NY	10011
Principal Occupation			Name of Employer			
Executive Search Practice			Billy Clark Creativ	e Management		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess does contributor or business valued at more than \$5,000	ss he/she is	a car	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	y, Amou	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principle of the principle of government the section L1?	hich branc	h or l		e contractor? ☐ Yes ☐ No ☐ Legislative		\$100.00
Method of Contribution:			Date Received	Aggregate Contributions	-	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction [☐Money (Order	9/28/2021	\$100.00		
Last Name		Fir	rst			MI
Corrinet		La	auren			
Residential Street Address	C	ity			State	Zip Code
98 North Street Greenwich					CT	06830
Principal Occupation			Name of Employer			
Real Estate CBRE						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Amount of Contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?					unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state s				te contractor? Yes No Legislative		\$250.00
Method of Contribution:		-	Date Received	Aggregate Contributions	7	
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction [☐Money C	Order	9/28/2021	\$250.00		
Last Name		Fir	rst			MI
Glazer		J	aclyn			
Residential Street Address	c	ity			State	Zip Code
219 Riverside Avenue		Gree	enwich		СТ	06878
Principal Occupation			Name of Employer			
Homemaker			Homemaker			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or busines valued at more than \$5,000	ss he/she is	a car	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	y, Amou	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes If yes, list Event # If yes, list Event #	hich branc	h or l		e contractor? Yes No Legislative		\$300.00
Method of Contribution: Date Received Aggregate Contributions						
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction	☐Money C	Order	9/28/2021	\$300.00		
	SUBTO	OTA	L Section B — This	Page	\$650.00	0
	TOTAL	of a	dditional Section B F	Pages		
TOTAL OF ALL CONTRIBUTIONS			IVIDUALS (Sections A	(A + B)	7,8	54
(Enter total	JII ZIIIE IJ	, 000	1. of Danimury 1 age	1	,	-

Section B ADDITIONAL PAGE 72 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			\$	0.00		
	B. Itemized Co	ntril	butions from Indivi	duals		
Last Name		E	First			MI
Hastings			Brooke			
Residential Street Address		City	•		State	Zip Code
21 Oakshade Avenue		Dar			СТ	06820
Principal Occupation			Name of Employer			
Homemaker			Homemaker			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amou	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #		nch o	r branches	e contractor?		\$200.00
Method of Contribution:			Date Received	Aggregate Contributions	-	
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card ☐ Payroll Deduction ☐ Money	y Orde	9/28/2021	\$200.00		
Last Name		F	First	h—	111	MI
Boyd		- [1	Patrick			
Residential Street Address		City			State	Zip Code
398 Pomfret Street Pomfret CT 06258					06258	
Principal Occupation			Name of Employer			
Teacher Pomfret School						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Amount Yes No Yes No				unt of Contribution		
1100	reported in Section L1? No If yes, indicate which branch or branches					\$100.00
Method of Contribution:			Date Received	Aggregate Contributions	7	
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card ☐ Payroll Deduction ☐ Money	y Orde	er 9/28/2021	\$100.00		
Last Name		I	First	H		MI
Kelley		- [,	James			
Residential Street Address		City			State	Zip Code
26 Cooperspond Rd		Sta	mford		СТ	06905
Principal Occupation			Name of Employer			
Retired Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/ Amou	unt of Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state of the section L1? Is contributor a principal of a state contractor or prospective state of the section L1?			e contractor? Yes No Legislative		\$100.00	
Method of Contribution:	•		Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit (Card ☐ Payroll Deduction ☐ Money	y Orde	9/28/2021	\$300.00		
	SUB	тот	AL Section B — This	Page	\$400.00	0
	TOTA	Lofa	additional Section B P	ages		
TOTAL OF	ALL CONTRIBUTIONS FROM (Enter total on Line		DIVIDUALS (Sections A		8,8	54

SEEC FORM 20 Revised January 2015 See	ction B ADD	ITIONA	L PA	AGE	of <u>126</u>		
NAME OF COMMITTEE (Provide Complete in	lame as Registered with Fi	iling 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			\$ 0.00				
	B. It	temized Co	ntrib	utions from Indivi	duals		
Last Name Shapiro			Fir	rst David			MI
Residential Street Address		i	City			State	Zip Code
74 Old Long Ridge Road			Stam	nford		СТ	06903
Principal Occupation				Name of Employer			
VP				Crystalware			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in does contributor or valued at more than	business he/she	to a can is assoc	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	y _* Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	No If yes, ind	a principal of a dicate which brain and the contract	nch or b		e contractor? Yes No		\$50.00
Method of Contribution:				Date Received	Aggregate Contributions	7	
			9/28/2021	\$50.00			
Last Name First							MI
Wexler			R	obin			
Residential Street Address City						State	Zip Code
139 Rolling Wood Dr Stamford					СТ	06905	
Principal Occupation Marketing & Special Events Coordinator Name of Employer SilverSource Inc.							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality						unt of Contribution	
valued at more than \$5,000?					\$25.00		
Method of Contribution:				Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debi	t Card Payroll Dedu	ction	Order	9/28/2021	\$45.00		
Last Name Garibay			Fir Ja	ane			MI
Residential Street Address			City			State	Zip Code
409 Broad Street			Wind			СТ	06095
Principal Occupation Legislator Name of Employer State of CT							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No Amount of Contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?						unt of Contribution	
Is this contribution associated with an Ves Is contributed a principal of a state contractor or prognective state contractor?					\$50.00		
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debi	t Card □Payroll Dedu	uction Money	Order	Date Received 9/28/2021	Aggregate Contributions \$50.00		
		BEILE NILL		L Section B — This	Page	\$125.0	0
				dditional Section B l			
TOTALO	ALL CONTRIBIT			IVIDUALS (Sections A			5 711
TOTALO				umn A of Summary Page	Totals)	17, 8	534

Section B ADDITIONAL PAGE 74 of 126

Caroline Simmons for Mayor A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) B. Itemized Contributions from Individuals First					
SUBTOTAL SECTION A SUBTOTA	October 10 filing				
Last Name Wall Residential Street Address 25 Park Lane S, #2001 First Deborah City Medford State Zip Code NJ 07310					
Last Name Wall Residential Street Address 25 Park Lane S, #2001 First Deborah City Medford State Zip Code NJ 07310					
Wall Deborah Residential Street Address City State Zip Code 25 Park Lane S, #2001 Medford NJ 07310					
Residential Street Address City State Zip Code 25 Park Lane S, #2001 Medford NJ 07310					
25 Park Lane S, #2001 Medford NJ 07310					
Principal Occupation Name of Employer	10				
Data Analytics Executive Former Prudential, Morgan Stanley, Pitney Bowes					
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?	ribution				
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches of government the contract is with: Executive Legislative	t				
Method of Contribution: Date Received Aggregate Contributions					
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money Order 9/28/2021 \$25.00					
Last Name First MI					
Cameron Roderick					
Residential Street Address City State Zip Code					
5403 Galena PI NW Washington DC 20016	16				
Principal Occupation Name of Employer					
Commercial RE Broker Savills					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Amount of Contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	ribution				
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor?					
If yes, list Event # of government the contract is with: Executive Legislative Method of Contribution: Date Received Aggregate Contributions					
Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money Order 9/28/2021 \$50.00					
Last Name First MI					
Prabhudas Jayne Lagrangian Jayne					
Residential Street Address City State Zip Code					
44 Strawberry Hill Avenue Stamford CT 06902	02				
Principal Occupation Name of Employer					
Retired Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No Amount of Contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	ribution				
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative \$50.00\$)				
Method of Contribution: Date Received Aggregate Contributions					
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money Order 9/28/2021 \$50.00					
SUBTOTAL Section B — This Page \$125.00					
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) \$ / 48, 854					

SEEC FORM 20 Revised January 2015

Section B ANDITIONAL TITLE	TYPE OF REPORT			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				
Caroline simmons for mayor	October 10 Filins			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$			
B. Itemized Contributions from Individual				
Last Name James Dinie	MI			
Residential Street Address 51 STUMBERM Hill Arthur Stamford	State Zip Code CT OGG			
Principal Occupation Name of Employer Petre d				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	e officer of a municipality, with said municipality Amount of Contribution			
1) yes, list Event #	Legislative No V / 00 . UD			
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ Payroll Deduction □ Date Received □ Payroll Deduction □ Payroll Deduction □ Date Received □ Payroll Deduction □ Date Received □ Payroll Dedu	Aggregate Contributions			
Last Name BAHELS First Todd	MI			
Residential Street Address 3255 La Clede Avenve Los Angel	es CA Zip Code Q0239			
Principal Occupation Screen When Screen Scr	loyed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	e officer of a municipality, with said municipality Amount of Contribution			
3,1-1,1-1	Legislative No			
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ Date Received	Aggregate Contributions			
1 Att Name Prist Norman	MI			
Residential Street Address 9 FOXBOYO Road City ESSEX	State Zip Code CT 06126			
	bs 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 does contributor or business he/she is associated with have a contract valued at more than \$5,000?	e officer of a municipality, with said municipality Amount of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state. If yes, indicate which branch or branches of government the contract is with:	Legislative Logislative			
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ Payroll Deduction □	Aggregate Contributions 3 2000			
SUBTOTAL Section B — This	Page \$1300			
TOTAL of additional Section B F				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page				

SEEC FORM 20 Revbed January 2015

Section B ADDITIONAL PAGE 76 of 126

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT			
capline simmons Pr 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. Itemized Contributions from Indivi	iduals			
Last Name First	MI			
Hendel Levy Abigail	State Zip Code			
28 Parsunase Road Breenmen				
Principal Occupation Name of Employer Name of Employer Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	ve officer of a municipality, twith said municipality Amount of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective states of government the contract is with: If yes, indicate which branch or branches of government the contract is with:	□ Legislative No ¶ / U3			
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ C1/29/21	Aggregate Contributions			
Last Name First Steve	МІ			
Residential Street Address 20 Subulink um City Greenwich	State Zip Code OG 850			
Principal Occupation Analy It Land Pine	Capital			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?				
	Legislative D No			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 9/29/21	Aggregate Contributions			
HITSCHFeld Fames	MI			
Stamps load Street Address Stamps Load Stamps	State Zip Code CT D6902			
Principal Occupation Name of Employer Petre d Petre d	!			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?				
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state contractor or prospective states and the second of government the contract is with: Executive	Legislative VNo & / W. 00			
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ Payroll Deduction □	Aggregate Contributions			
SUBTOTAL Section B — This	Page \$ /200			
TOTAL of additional Section B	Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections.				

Section B ADDITIONAL PAGE ______ of ____ d\(\sqrt{\partial} \)

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			\$ 0.00			
B. Itemized Con	ntri	butions from Indivi	duals	1		
Last Name]	First			MI	
Gerry		Alan				
	City Lib e	ortv		State NY	Zip Code 12754	
98 Loomis Road Principal Occupation	LID	Name of Employer		141	12/54	
Chairman Emeritus		Granite Associate	s			
Is contributor a lobbyist, spouse,	to a c			Amo	unt of Contribution	
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?	is ass	sociated with have a contract	with said municipality			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a second of government the contract of government the government the contract of government the contract of government the government the government the government the government the government of government the government the government the government of government	ich o	r branches	e contractor? Yes No Legislative		\$1,000.00	
Method of Contribution:		Date Received	Aggregate Contributions	1		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Orde	er 9/29/2021	\$1,000.00			
Last Name		First			MI	
Bevan		Susan		g, ,	7:- C-1-	
	City Gre	enwich		State CT	Zip Code 06830	
Principal Occupation		Name of Employer				
Retired		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a c is ass	andidate for a chief executive cociated with have a contract Yes No	e officer of a municipality with said municipality	Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 4	nch o	or branches	e contractor? Yes No		\$500.00	
Method of Contribution:			Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money			\$1,000.00		T	
Last Name	- 1	First Paul			MI	
Anderson Residential Street Address	City	1 441		State	Zip Code	
44 Lawrence Hill Rd	_	mford		CT	06903	
Principal Occupation		Name of Employer				
Firefighter		City of Stamford				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a c	eandidate for a chief executive sociated with have a contract Yes No	e officer of a municipality with said municipality	Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Security Securit					\$25.00	
Method of Contribution:	0 1	Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Orde	er 9/29/2021	\$60.00			
SUBT	ТОТ	AL Section B — This	Page \$	1,525.	00	
TOTAL	of	additional Section B I	Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)						

Section B ADD

OITIONAL PAGE 78 of /QL	,
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT				
Canalthe Jimmons for mayor	October 10 Films				
A. Total Contributions from Small Contributors-Received this Period ONL (See instructions for definition of Small Contributor) SUBTOTAL SECTION					
B. Itemized Contributions from In	dividuals				
Last Name First Plexandi	M				
Residential Street Address A 9 Eden ROCE Stamford	State Zip Code CT 06907				
Principal Occupation Name of Employer None in a Celv					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No descontributor or business he/she is associated with have a contributor or business he/she is a second or business he/	ntract with said municipality				
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective of government the contract is with:	re state contractor?				
Method of Contribution: Date Received	Aggregate Contributions				
□ Cash □ Personal Check ☑ Credit/Debit Card □ Payroll Deduction □ Money Order □ G 39/31	9525.				
Last Name First	МІ				
mandel					
Residential Street Address City	State Zip Code				
20 Bobolink Lane Grenme	h CT 56730				
Principal Occupation Name of Employer					
homomater home	ma Ker				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief except does contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is a second with have a contributor or business he/she is a second with have a contributor or business he/she is a second with have a contributor or business he/she is a second with have a contributor or business he/she is a second with have a contributor or business he/she is a second with have a contributor or business he/she is a second with have a contributor or business he/she is a second with have a contributor or business he/she is a second with have a contributor or business he/she is a second with half	ecutive officer of a municipality, Amount of Contribution				
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospection of government the contract is with:	ve state contractor?				
Method of Contribution: Date Received	Aggregate Contributions				
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 9/29/21	31,150				
Last Name Prirst Rene 7	e MI				
Residential Street Address 188 Appine Street Stamford	State Zip Code C7 06 905				
Principal Occupation Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to a candidate for a chief ex does contributor or business he/she is associated with have a covalued at more than \$5,000?	nract with said municipality No				
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospectively. If yes, indicate which branch or branches of government the contract is with: Executive	utive Legislative				
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Page Of Action Date Received Date Received Page Of Action Date Received Date Received Date Received Page Of Action Date Received Date Received Date Received Page Of Action Date Received	Aggregate Contributions				
SUBTOTAL Section B —	This Page 3/075. 00				
TOTAL of additional Section	n B Pages				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE ________ of _/Q__

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing I	Repository)	TIME		TYPE OF REPORT	12	
Caroline Simmons for Mayor			Octob	October 10 filing		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$	0.00		
B. Item	nized Con	trib	utions from Indivi	duals		
Last Name		Fir	rst			MI
Martino			Anthony		La	17: 0.1
Residential Street Address 25 Charles Mary Lane		City Stam	nford		State CT	Zip Code 06905
Principal Occupation		Otan	Name of Employer			
Support enforcement officer			State of CT, Judic	ial Department		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in exc does contributor or busivalued at more than \$5.	iness he/she is	o a car s assoc	ndidate for a chief executive	e officer of a municipality with said municipality	, Am	ount of Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principle of the section L1? If yes, indicated the section L1?	rincipal of a st e which brand	ch or l	ntractor or prospective state	■ No		\$50.00
If yes, list Event # of governmen	it the contract	is Wit	h: Executive	Legislative	-	
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction	n	Order	9/29/2021	Aggregate Contributions \$100.00		
Last Name		Fir	rst		_	MI
Sabreen		s	usan			
Residential Street Address	C	City			State	Zip Code
121 Mill Spring Lane Stamford CT 06903						06903
Principal Occupation			Name of Employer			•
Retired			Retired			
	iness he/she is		ndidate for a chief executive ciated with have a contract Yes No		/, Am	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a pr If yes, indicate of government	te which bran	ch or		te contractor? Yes No Legislative		\$150.00
Method of Contribution:			Date Received	Aggregate Contributions	7	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction	n Money (Order	9/29/2021	\$275.00		
Last Name		Fir	rst			MI
Plepler		R	Richard			
Residential Street Address	C	City			State	Zip Code
25 Sherwood Avenue		Gree	enwich		СТ	06831
Principal Occupation			Name of Employer		•	
CEO			EDEN Production	s		
	iness he/she is		ndidate for a chief executive ciated with have a contract Yes No		y, Am	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a pr If yes, indicate of governmen	e which bran	ch or l		■ No		\$1,000.00
Method of Contribution:			Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction	n	Order	9/29/2021	\$1,000.00		
	SUBT	ОТА	L Section B — This	Page	\$1,200	.00
	TOTAL	of ac	dditional Section B P	Pages		
TOTAL OF ALL CONTRIBUTIO			IVIDUALS (Sections A	(A + B)	47	854
(Litter 10)	Un Line I.	, 000	and it of Danmary 1 age.	,	/	· .

Section B ADDITIONAL PAGE 80 of 1 db

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			\$ 0.00			
B. Itemized Con	ntril	butions from Individ	duals	1 1		
Last Name	F	First			MI	
Linares		Arthur				
	City	mford		State CT	Zip Code 06905	
48 Lakeview Drive Principal Occupation	Sia	Name of Employer			00303	
self-employed		Linares land Capit	tal LLC			
Is contributor a lobbyist, spouse,	to a c			Amo	unt of Contribution	
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?	is ass	ociated with have a contract	with said municipality			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a sign of government the contract of government the government the government the government of government of government the government of gov	ich oi	r branches	e contractor? Yes No Legislative		\$1,000.00	
Method of Contribution:		Date Received	Aggregate Contributions	1		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Orde	er 9/29/2021	\$2,000.00			
Last Name		First			MI	
Malloy Zaleski		Suzanne			Ig: 0 I	
The state of the s					Zip Code 06902	
100 Bowns / Voluc						
Principal Occupation Insurance		Allstate				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a ca	andidate for a chief executive ociated with have a contract Yes No	e officer of a municipality, with said municipality	Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a second of government the contract of government the contract.	nch o	r branches	e contractor? Yes No		\$100.00	
Method of Contribution:			Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Orde	9/29/2021	\$100.00			
Last Name	- 1	First Seth			МІ	
London Residential Street Address	City	Jen -	I	State	Zip Code	
	- 25	w York		NY	10023	
Principal Occupation		Name of Employer				
Consultant		Ground Control				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a c	andidate for a chief executive sociated with have a contract Yes No	e officer of a municipality with said municipality	Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes If scontributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative \$250.00					\$250.00	
Method of Contribution:	.	Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money			\$250.00	1.050	00	
SUBT	ТОТ	AL Section B — This	Page \$	1,350.	UU	
TOTAL	of	additional Section B I	Pages			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)	1 IN	DIVIDUALS (Sections A Jolumn A of Summary Page	1 + B) 5 4 8	,58	4	

Section B ADDITIONAL PAGE 81 of 106

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		A-30-1-23-1-1
Caroline Simmons for Mayor			Octob	er 10 fil	ling
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		this Period ONLY TOTAL SECTION A	\$	0.00	
B. Itemized Co		butions from Indivi	duals		
Last Name		First			MI
Badcock		Belinda			
Residential Street Address	City			State	Zip Code
17 Meadowcroft Ln	GR	REENWICH		СТ	06830
Principal Occupation		Name of Employer			
founder		Brito family founda	ation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ce is ass	candidate for a chief executive sociated with have a contract Yes No	e officer of a municipality with said municipality	, Amor	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra	anch o	or branches	e contractor?		\$1,000.00
If yes, list is write in		Date Received	Aggregate Contributions	-	
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payrol! Deduction ☐ Mone	y Orde	er 9/29/2021	\$1,000.00		
Last Name		First			MI
Barton		Tatiana			
Residential Street Address	City			State	Zip Code
2539 Bedford St, 38-K		amford		СТ	06905
Principal Occupation	1	Name of Employer			
Dentist		Tatiana Barton` D	DS		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?) to a c	candidate for a chief executive sociated with have a contract Yes No	e officer of a municipality with said municipality	/, Amou	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # No If yes, indicate which broof government the contributor a principal of a lifty yes, indicate which broof government the contributor as principal of a lifty yes, indicate which broof government the contributor as principal of a lifty yes, indicate which broof government the contributor as principal of a lifty yes, indicate which broof government the contributor as principal of a lifty yes, indicate which broof government the contributor as principal of a lifty yes, indicate which broof government the contributor as principal of a lifty yes, indicate which broof government the contributor as principal of a lifty yes, indicate which broof government the contributor as principal of a lifty yes, indicate which broof government the contributor as principal of a lifty yes, indicate which broof government the contributor as principal of a lifty yes, indicate which broof government the contributor as principal of a lifty yes, indicate which broof government the contributor as principal of a lifty yes, indicate which broof government the contributor as principal of a lifty yes, indicate which broof government the contributor as principal of a lifty yes, indicate which yes a lifty yes	anch o		te contractor? Yes No Legislative		\$50.00
Method of Contribution:		Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Orde	er 9/29/2021	\$50.00		
Last Name		First			MI
Marlowe		Seth			
Residential Street Address	City			State	Zip Code
154 Pepper Ridge Rd, Unit 5	Sta	amford		СТ	06905
Principal Occupation		Name of Employer			
Banker		Synovus Bank			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/shy valued at more than \$5,000?	0 to a c	candidate for a chief executive sociated with have a contract Yes No	e officer of a municipality with said municipality	y, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which bra of government the contra	anch c		☐ Legislative		\$25.00
Method of Contribution:		Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Ord	ler 9/29/2021	\$60.00		
SUB	тот	ΓAL Section B — This	Page	\$1,075.0	00
TOTA	L of	additional Section B I	Pages		
TOTAL OF ALL CONTRIBUTIONS FRO	M IN	NDIVIDUALS (Sections A	A+B) + M	7, 721	 1
(Enter total on Line	2 13, C	Column A of Summary Page	Totals)	1 75	•

SEEC FORM 20 Revised January 2015

Section B ADDITIONAL PAGE 32 of 126

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor,	אני	TYPE OF REPORT			
carolin Jimmom Br mayor		October 101	Alins		
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)	eived this Period ONLY SUBTOTAL SECTION A	\$			
Ĉ					
B. Itemized	Contributions from Indiv	iduals			
Last Name BUMNSTON	BIG Ke		MI		
Residential Street Address	Durham		vc 27702		
Principal Occupation (1111(a) MYCarch MY) Ucarte	Name of Employer BIUVENTU	ll			
Is contributor a lobbyist spouse. Yes If contribution is in excess of \$\frac{1}{2}\$.	400 to a candidate for a chief executi /she is associated with have a contrac \[\sum Yes \sum No \]	ve officer of a municipality, at with said municipality	Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of If yes, indicate which of government the contributor of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which is the If yes, indicate which is the If yes indicate which is the		☐ Legislative	\$5,00		
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mo	oney Order 7/201/21	Aggregate Contributions			
Last Name I Re 1 and	First Thumas		MI		
Residential Street Address 75 William St.	Oreen with		Zip Code C7 O6 8 30		
Principal Occupation Whred	Name of Employer Petre C	1			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$\frac{1}{3}\$ does contributor or business her valued at more than \$5,000?	400 to a candidate for a chief executi /she is associated with have a contract Yes No	ve officer of a municipality, t with said municipality	Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of No If yes, indicate which of government the co	ontract is with:	■ Legislative	\$1000		
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Me	oney Order P/29/21	Aggregate Contributions			
Last Name M C Don ald	First Spirley		MI		
Residential Street Address Leb Windins Lane	Greenmeh	s	State Zip Code 7 06831		
Principal Occupation ESTUTA MANASEY		(mmon).			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$ does contributor or business he valued at more than \$5,000?	400 to a candidate for a chief execution is associated with have a contract Yes No	ct with said municipality	Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of the section L1? If yes, list Event # Is contributor a principal of the section L1? If yes, indicate which of government the co	ntract is with:	☐ No e ☐ Legislative	\$1000		
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ M	oney Order	Aggregate Contributions 3 2 000			
SI	UBTOTAL Section B — Thi	is Page & D	005		
	TAL of additional Section B				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) **TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) **Enter total on Line 13, Column A of Summary Page Totals)					

c 17.

Revised January 2015 Section	on B ADDITIONA	L PA	AGE83	of <u>Jolo</u>		
NAME OF COMMITTEE (Provide Complete Name	as Registered with Filing Repository)		BUNG BURKSAN	TYPE OF REPORT		
Caroline Simmons for M	ayor			Octob	er 10 fi	ling
A. Total Contributions from Sm (See instructions for definition of Small Co			is Period ONLY OTAL SECTION A	\$ 0.00		
				л-		
	B. Itemized Con	ntrib	utions from Indivi	duals		
Last Name Pinto			_{rst} Brooke			MI
Residential Street Address		City	DIOOKE		State	Zip Code
1219 Q Street Northwest		Was	hington		DC	20009
Principal Occupation			Name of Employer			
Lawmaker Is contributor a lobbyist, spouse,	If contribution is in excess of \$400	to a car	Dc government	a officer of a municipality	/ I A=0	unt of Contribution
or dependent child of a lobbyist?	does contributor or business he/she valued at more than \$5,000?				Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #		nch or l	branches	e contractor? Yes No		\$1,000.00
Method of Contribution:			Date Received	Aggregate Contributions	7	
☐ Cash ☐ Personal Check ☐ Credit/Debit Care	d □ Payroll Deduction □ Money		9/29/2021	\$2,000.00		T
Last Name Zacharewicz		Fit	ictoria			MI
Residential Street Address		City			State	Zip Code
95 Morgan St, 5B		Starr	nford		CT	06905
Principal Occupation homemaker			Name of Employer homemaker			
1/4	f contribution is in excess of \$400 t	to a car		e officer of a municipality	. Amoi	unt of Contribution
or dependent child of a lobbyist?	does contributor or business he/she valued at more than \$5,000?					
Is this contribution associated with an event reported in Section L1? No If yes, list Event #		nch or	branches	te contractor? Yes No		\$5.00
Method of Contribution:			Date Received	Aggregate Contributions	7	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card	d □ Payroll Deduction □ Money	Order	9/29/2021	\$115.00	1	МІ
de Seynes			ophie			IVII
Residential Street Address	=	City			State	Zip Code
123 East 75th Street, 8B		New	York		NY	10021
Principal Occupation Finance			Name of Employer Morgan Stanley			
	f contribution is in excess of \$400	to a car		e officer of a municipality	Amou	unt of Contribution
or dependent child of a lobbyist?	does contributor or business he/she valued at more than \$5,000?				, , , , , , , , , , , , , , , , , , , ,	ant or contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #		nch or l	branches	e contractor? Yes No		\$150.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card	d □ Payroll Deduction □ Money	Order	Date Received 9/29/2021	Aggregate Contributions \$150.00		
	SUBT	ОТА	L Section B — This	Page	31,155.0	00
	TOTAL	of ac	dditional Section B F	ages		
TOTAL OF AL	L CONTRIBUTIONS FROM (Enter total on Line)		IVIDUALS (Sections A umn A of Summary Page	A + B) Totals) & (48,	854

Section B ADDITIONAL PAGE 84 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-Receive	ed tl	his Period ONLY TOTAL SECTION A	\$		0.00	
B. Itemized Con	ntril	butions from Indivi	duals			
Last Name	F	First				MI
Roth		Carmina				
Residential Street Address	City	O was into			State	Zip Code
57 Tomac Ave	Old	Greenwich			СТ	06870
Principal Occupation		Name of Employer				
Chief of Staff		ZOOM Office	05	6 :: 1:	T .	4 60 4 15 41 -
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is ass	ociated with have a contract	with said	l municipality	Amou	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a s If yes, indicate which brat of government the contract	nch or	r branches		Mo No		\$250.00
Method of Contribution:		Date Received	""	e Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Orde	9/29/2021	\$250	.00		
Last Name	- 1	First William				MI
Bishop		vviillatti			State	Zip Code
Residential Street Address 35 Ross Terrace	City Ken	ntfield			CA	94904
Principal Occupation		Name of Employer				
Retired		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	andidate for a chief executivociated with have a contract Yes No	e officer with said	of a municipality, I municipality	Amoi	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a lf yes, indicate which bra of government the contraction.	nch o	r branches	☐ Leg	islative No		\$100.00
Method of Contribution:		Date Received	1	e Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money			\$100	1.00		Lyg
Last Name Shyn	- 1	^{First} Stephen				MI
Residential Street Address	City				State	Zip Code
9 Cudlipp Street	Rov	wayton			СТ	06853
Principal Occupation MD		Name of Employer Accenture				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of the contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a c	andidate for a chief executive sociated with have a contract Yes No	ve officer t with said	of a municipality I municipality	, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contraction.	nch o	r branches vith:	☐ Leg	islative No		\$500.00
Method of Contribution:	<u> </u>	Date Received	V	te Contributions	;	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Orde	9/29/2021	\$500		A07 5 5	
SUB	гот	AL Section B — This	Page		\$850.0	0
TOTAL	L of	additional Section B	Pages			
TOTAL OF ALL CONTRIBUTIONS FROM	M IN	DIVIDUALS (Sections	A + B) Totals	8143	Spi	1

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NAME OF COMMITTEE (Provide Complete Nat	me as Registered with Filing Repository)	ſΧ,		TYPE OF REPORT	257			
Caroline Simmons for Mayor				Octob	October 10 filing			
A. Total Contributions from S (See instructions for definition of Small			his Period ONLY TOTAL SECTION A	\$	0.00			
	B. Itemized Con	ntril	butions from Indivi	duals				
Last Name		F	First			MI		
MacGuire			Casey			,		
Residential Street Address		City			State	Zip Code		
43 Woodchuck Road		Sta	mford		СТ	06903		
Principal Occupation			Name of Employer					
Product Marketing			VTS					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/a Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a s No If yes, indicate which brar of government the contrac	nch or	r branches	e contractor?	7	\$5.00		
Method of Contribution:	of government the contrac	,	Date Received	Aggregate Contributions	-			
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Pard □ Payroll Deduction □ Money	Orde		\$30.00				
Last Name	Taylon Doddonon Elmonoy		First	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		MI		
Harrison			William			IVII		
Residential Street Address		City			State	Zip Code		
74 Vineyard Lane		Gre	enwich		CT	06830		
Principal Occupation Name of Employer								
Unemployed			Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				Amoi	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a significant which brain of government the contract	nch o	r branches	e contractor? Yes Legislative No		\$500.00		
Method of Contribution:			Date Received	Aggregate Contributions	7			
☐ Cash ☐ Personal Check ■ Credit/Debit C	Card Payroll Deduction Money	Orde	r 9/29/2021	\$1,500.00				
Last Name		F	First	4		MI		
Conetta		_ ,	Joanne					
Residential Street Address		City			State	Zip Code		
277 Loveland Road		Sta	mford		СТ	06905		
Principal Occupation			Name of Employer					
Office Manager			Pimpinella Constr	uction Co, Inc				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☐ No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amor	unt of Contribution		
Is this contribution associated with an Ves Via contributor a principal of a state contractor or prospective state contractor?					\$25.00			
Method of Contribution:			Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Payroll Deduction Money	Orde	9/29/2021	\$50.00				
	SUBT	TOT	AL Section B — This	Page	\$530.0	0		
	TOTAL	of	additional Section B F	ages				
TOTAL OF A	ALL CONTRIBUTIONS FROM (Enter total on Line		DIVIDUALS (Sections A		18, 8	354		

Section B ADDITIONAL PAGE 86 of 126



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	10.		TYPE OF REPORT	W 20 1		
Caroline Simmons for Mayor				Octob	per 10	filing	
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)			is Period ONLY OTAL SECTION A	\$	0.0	0	
B. Itemized C	Conti	ribu	utions from Indivi	duals		1	
Last Name		Firs	st				Ml
Ruiz			Cesar				
Residential Street Address	City	y			State	Zip	Code
39 Sylvan Knoll Rd	St	tam	ford		СТ		06902
Principal Occupation			Name of Employer				
Life Skills Coach			Abilis Inc				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?					y, Am	ount o	of Contribution
Is this contribution associated with an Yes Is contributor a principal of						\$	25.00
event reported in Section L1? No If yes, indicate which by of government the control of government the government the control of government the government the control of government the government that government the government				☐ Legislative		Ψ.	20.00
Method of Contribution:	_		Date Received	Aggregate Contributions	=		
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Mor	ney Or	der	9/29/2021	\$110.00			
Last Name		Firs	st				MI
Abt		Mi	ichelle				
Residential Street Address	City	<u>-</u>			State	Zip	Code
150 June Rd	St	tam	ford		СТ		06903
Principal Occupation			Name of Employer			1	
Writer			Self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$44 does contributor or business he/s valued at more than \$5,000?	00 to a she is a	cand	didate for a chief executive iated with have a contract Yes No	e officer of a municipality with said municipality	/, Amo	ount o	of Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of If yes, indicate which is				e contractor? Yes		\$2	250.00
If yes, list Event # of government the con	tract is	s with		☐ Legislative			
Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mor	ney Or	der	9/29/2021	\$1,750.00			
Last Name		Firs	st				MI
Jacobson		Jo	onathan				
Residential Street Address	City	y			State	Zip	Code
180 Glenbrook Road, Unit 61	St	tam	ford		СТ		06902
Principal Occupation	_		Name of Employer		1		
Attorney			The Law Offices o	of David W. Rubin			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?					y, Am	ount o	of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of If yes, indicate which be of government the contributor associated with an event reported in Section L1?	oranch	or b	ntractor or prospective state	e contractor? Yes No Legislative		\$1	100.00
Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mon	ney Or	der	9/29/2021	\$100.00			
SU	вто	TA	L Section B — This	Page	\$375.0	00	
тот	AL o	f ad	Iditional Section B P	ages			
TOTAL OF ALL CONTRIBUTIONS FRO		_		(+ B)			2.
			ımn A of Summary Page	Totals) 3 (48,	8	54

Section B ADDITIONAL PAGE 87 of 126

NAME OF COMMITTEE (Provide Complete Na.	me as Registered with Filing Repository)			TYPE OF REPORT				
Caroline Simmons for	Mayor			Octob	er 10 fil	ling		
A. Total Contributions from S (See instructions for definition of Small			otal Section A	\$	0.00			
	B. Itemized Con	ntrib	utions from Indivi	duals	A B			
Last Name		Fi	rst			MI		
O'Byrne			Charles John					
Residential Street Address		City			State	Zip Code		
40 Central Park South, 3H		New	York		NY	10019		
Principal Occupation			Name of Employer					
Executive Vice President for Policy	<u></u>		Related Companie	es				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amoi	unt of Contribution		
Is this contribution associated with an event reported in Section L1?	No If yes, indicate which bran	nch or	branches	■ No		\$250.00		
If yes, list Event #	of government the contrac	t is wit		Legislative	_			
Method of Contribution:			Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ■ Credit/Debit C	Card Payroll Deduction Money	Order	9/29/2021	\$250.00				
Last Name		Fi	rst			MI		
Markovits		N	1ike					
Residential Street Address		City			State	Zip Code		
25 Forest Street, 17C		Stan	nford		CT	06901		
Principal Occupation	Principal Occupation Name of Employer							
Leadership Consultant			Markovits consult	ing services				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car is asso	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	/, Amou	ınt of Contribution		
	Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	te contractor? Yes No Legislative		\$25.00		
Method of Contribution:			Date Received	Aggregate Contributions	7			
☐ Cash ☐ Personal Check ■ Credit/Debit C	Card Payroll Deduction Money	Order	9/29/2021	\$25.00				
Last Name		Fi	rst	L		MI		
Lubliner		J	ordana					
Residential Street Address		City			State	Zip Code		
173 Club Rd		- 2	nford		СТ	06905		
Principal Occupation			Name of Employer					
Preschool music teacher			Stamford JCC, Ch	nelsea Piers				
Is contributor a lobbyist, spouse, Yes	If contribution is in excess of \$400	ta 0 000			/ Ama	unt of Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				Amou	int of Contribution		
event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a If yes, indicate which brain of government the contract	nch or	branches th:	■ No □ Legislative		\$10.00		
Method of Contribution:			Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit (Card Payroll Deduction Money	Order	9/29/2021	\$20.00				
	SUBT	ГОТА	L Section B — This	Page	\$285.0	0		
	TOTAL	ofa	dditional Section B I	Pages				
TOTAL OF	ALL CONTRIBUTIONS FROM	=_=000		4 ± D)	10 6	TU		
			lumn A of Summary Page	Totals)	18 8	. 77		

Section B ADDITIONAL PAGE 88 of 124

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			18" E 11 11 18 8	TYPE OF REPORT		1 3	XIIO II
Caroline Simmons for Mayor				Octob	er 10 1	iling	
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)			Period ONLY FAL SECTION A	\$	0.00		
B. Itemized C	ontr	ibut	tions from Individ	duals			
Last Name		First					MI
Blunden			onnie				
Residential Street Address	City				State	Zip	Code
64 Northfield Street	Gr		wich		СТ		06830
Principal Occupation		- 1	Name of Employer				
Education			Greenwich Acade				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$40 does contributor or business he/si valued at more than \$5,000?	00 to a he is as	candi ssocia	idate for a chief executive ated with have a contract Yes No	e officer of a municipality with said municipality	y, Ame	ount o	of Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of If yes, indicate which book of government the contributor.	ranch	or br	anches	e contractor?		\$1	150.00
If yes, list by one is	ract is		Date Received	Aggregate Contributions	=		
Method of Contribution:	ey Ord	- 1	9/29/2021	\$400.00			
Last Name		First				_	MI
Sternlicht		Mir	mi				
Residential Street Address	City	/			State	Zip	Code
121 Old Mill Road	Gr	reen	wich		СТ		06831
Principal Occupation	-1		Name of Employer		!	'	
Creative director			Foundation House	е			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$40 does contributor or business he/sl valued at more than \$5,000?	00 to a he is as	candi ssocia	idate for a chief executive ated with have a contract Yes No	e officer of a municipality with said municipality	Amo	ount o	of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of If yes, indicate which be of government the contributor.	ranch	or br	ranches	Legislative No		\$1,	000.00
Method of Contribution:				Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mon	ey Ord	der	9/29/2021	\$1,000.00			
Last Name		First					MI
Sapan		Jos	sh				
Residential Street Address	City				State	Zip	Code
285 Central Park West	Nε	ew \	/ork		NY		10024
Principal Occupation		- 1	Name of Employer				
Executive Vice Chairman			AMC Networks				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$44 does contributor or business he/s valued at more than \$5,000?	00 to a he is a	cand associa	idate for a chief executive ated with have a contract Yes No	e officer of a municipality with said municipality	y, Am	ount (of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # State of the section of prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative Legisl					,000.00		
Method of Contribution:		- 1	Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mor	ney Oro	der	9/29/2021	\$1,750.00			
SU	вто	TAL	Section B — This	Page	\$2,150	.00	
тот	AL of	f add	ditional Section B F	Pages			
TOTAL OF ALL CONTRIBUTIONS FRO	OM II	NDI	VIDUALS (Sections A	A + B) Totals) \$/4	18.55	14	
(Enter total on Lii	ne 13, (Colui	mn A of Summary Page	Totals) P/V	0101	5 1	

Section B ADDITIONAL PAGE 89 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-Receive (See instructions for definition of Small Contributor)		his Period ONLY TOTAL SECTION A	\$	0.00)	
			1			
B. Itemized Cor	atril	butions from Indivi	duals	301		
Last Name	F	First			MI	
Lyon		Cynthia				
	City			State CT	Zip Code 06905	
	Stai	Mame of Employer			00903	
Principal Occupation Management concultant & health coach		Marinstein & Co, I	LC			
Management consultant & health coach Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to	to a cs			Amo	unt of Contribution	
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?	is ass	ociated with have a contract ☐ Yes ■ No	with said municipality	Amo	dir of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a s If yes, indicate which bran of government the contract	ich or	r branches	e contractor? ☐ Yes ☐ No ☐ Legislative		\$25.00	
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Orde	9/29/2021	\$25.00		1101	
Last Name	- 1	First			MI	
Alchek		Nancy		La	[a: a]	
	City	Greenwich		State	Zip Code 06870	
10 5 11 11 15 15 15 15 15 15 15 15 15 15 1	Old	Name of Employer			00070	
Principal Occupation event planner		self				
Is contributor a lobbyist, spouse,	to a ca	- A	e officer of a municipality	/. Amo	unt of Contribution	
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?	is ass	ociated with have a contract Yes No	with said municipality			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a second brain of government the contract of government the contract.	nch o	r branches	te contractor?		\$250.00	
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Orde	9/29/2021	\$250.00			
Last Name	- 1	First			MI	
Simmons		Julia		T C4-4-	Zip Code	
1	City	enwich		State	06830	
880 Pacific Street, #1610 Principal Occupation	are	Name of Employer			1 00000	
Clinical Psychotherapist		_	tegrative Therapy 8	& Coac	hing, LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to does contributor or business he/she	to a c	sociated with have a contract	e officer of a municipalit with said municipality	y, Amo	ount of Contribution	
valued at more than \$5,000?		☐ Yes ■ No	to a standard Flyes	-		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which bran of government the contract	nch o	r branches	Legislative No		\$1,000.00	
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Orde	9/29/2021	\$2,000.00			
SUBT	TOT	AL Section B — This	Page	\$1,275.	00	
TOTAL	of	additional Section B	Pages			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	1 IN	DIVIDUALS (Sections A	A + B) Totals)	18/3	584	

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Section B ADDITIONAL PAGE 90 of 124

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository,	TYPE OF REPORT							
Caroline Jimmons for mayor	October 10 films							
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)		\$						
9 :-								
B. Itemized Contributions from Individuals								
Last Name TY CAVEY]	Dankly	MI						
Residential Street Address PD BDX 1 715	City Ketzhum	State Zip Code 8340						
Principal Occupation SHUTCS1 JF	Name of Employer SCIF CM	ployed						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?	00 to a candidate for a chief executive the is associated with have a contract Yes	ve officer of a municipality, t with said municipality Amount of Contribution						
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of If yes, indicate which be of government the contributor aprincipal of If yes, indicate which be of government the contributor aprincipal of If yes, indicate which be of government the contributor.	_	te contractor? Wes No 25						
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mon	ney Order 9129131	Aggregate Contributions						
Last Name MARGINGAL DUFFY	han Cy	MI						
Residential Street Address 45 WILSHITE ROOM	Green Me	State Zip Code CT 06 851						
Principal Occupation Methred	Name of Employer Pehred							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?	00 to a candidate for a chief executive the is associated with have a contract Yes No	t with said municipality						
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of If yes, indicate which I of government the con		Legislative L						
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Mon	ney Order 9/29/21	Aggregate Contributions 7 255						
Last Name C[ANC	City Stam Red	MI						
Residential Street Address 59 Holbrok DV,		State Zip Code CT 06706						
Principal Occupation PCTPC d	Name of Employer Nether d							
or dependent child of a lobbyist? No does contributor or business he/s valued at more than \$5,000?	00 to a candidate for a chief executive she is associated with have a contract Yes Yes No	t with said municipality						
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of the section L1? If yes, list Event # Is contributor a principal of the section L1? If yes, list Event # Is contributor a principal of the section L1? If yes, list Event #	tract is with:	Legislative No						
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mo	Date Received ney Order	Aggregate Contributions						
SU	BTOTAL Section B — This	s Page \$ 200						
тот	AL of additional Section B							
TOTAL OF ALL CONTRIBUTIONS FR (Enter total on Li	OM INDIVIDUALS (Sections ine 13, Column A of Summary Page	A+B) 5/48, 854						

Section B ADDITIONAL PAGE 91 of 126

NAME OF COMMITTEE (Provide Complete Nam	ne as Registered with Filing Repository)	0		TYPE OF REPORT		Lolle San S	
Caroline Simmons for N	Mayor			Octob	er 10 f	iling	
A. Total Contributions from States (See instructions for definition of Small			his Period ONLY TOTAL SECTION A	\$	\$ 0.00		
	B. Itemized Co.	ntrik	outions from Indivi	duals			
Last Name		F	irst			MI	
Kaufman			Derek			In: o l	
Residential Street Address		City			State	Zip Code	
98 Round Hill Road		Gre	enwich		СТ	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 does contributor or business he/she valued at more than \$5,000?	to a ca	andidate for a chief executive ociated with have a contract Yes No	e officer of a municipality with said municipality	, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which brain of government the contract	nch or	branches	e contractor?		\$1,000.00	
Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit C	ard Payroll Deduction Money	Order	r 9/29/2021	\$1,500.00			
Last Name		F	rirst			MI	
Ireland			Nancy				
Residential Street Address		City			State	Zip Code	
75 William St.		Gree	enwich		СТ	06830	
Principal Occupation			Name of Employer				
Retired			Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca is asso	andidate for a chief executive ociated with have a contract Yes No	e officer of a municipality with said municipality	, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1?	Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	r branches	e contractor? Yes No Legislative		\$1,000.00	
Method of Contribution:			Date Received	Aggregate Contributions	1		
☐ Cash ☐ Personal Check ☐ Credit/Debit C	ard Payroll Deduction Money	Order	9/29/2021	\$2,000.00			
Last Name		F	First			MI	
Patel		ŀ	Krishna				
Residential Street Address		City			State	Zip Code	
10 Stony Point Rd		Wes	stport		СТ	06880	
Principal Occupation			Name of Employer			1	
lawyer/consulting			self-employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch or	r branches	e contractor? ☐ Yes ☐ No ☐ Legislative		\$500.00	
Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Payroll Deduction Money	Ordei	9/29/2021	\$500.00			
	SUB	гота	AL Section B — This	Page	2,500.	00	
	TOTAL	Lofa	additional Section B F	Pages			
TOTAL OF A	ALL CONTRIBUTIONS FROM (Enter total on Line	И INI 13, Со	DIVIDUALS (Sections A Journa A of Summary Page	A+B) S/Y	8,8	54	

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NAME OF COMMITTEE (Provide Complete Na	me as Registered with Filing Repository)	Ţħ.		TYPE OF REPORT				
Caroline Simmons for	Mayor			Octob	October 10 filing			
A. Total Contributions from S (See instructions for definition of Small)			this Period ONLY FOTAL SECTION A	\$	0.00			
	B. Itemized Con	ntril	butions from Indivi	duals	7-4-2	Den IV N		
Last Name		I	First			MI		
Brownstein			Donald					
Residential Street Address		City	1.		State	Zip Code		
359 Merriebrook Lane		Sta	mford		СТ	06902		
Principal Occupation			Name of Employer					
Retired			Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo	unt of Contribution		
Is this contribution associated with an						¢4 000 00		
event reported in Section L1? If yes, list Event #	No If yes , indicate which brar of government the contrac			☐ Legislative		\$1,000.00		
Method of Contribution:	or go verniment the contract	. 15 (1	Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit (Card □ Payroll Deduction □ Money	Orde		\$1,000.00				
Last Name			First			MI		
Shepherd		- 1	Madeline			IVII		
Residential Street Address		City			State	Zip Code		
180 Turn of River Road, 7C	I	-	mford		CT	06905		
Principal Occupation			Name of Employer					
Retired			Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?				Amou	unt of Contribution		
_	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contrac	nch o	or branches	e contractor? Yes No Legislative		\$50.00		
Method of Contribution:			Date Received	Aggregate Contributions	7			
☐ Cash ☐ Personal Check ☐ Credit/Debit (Card Payroll Deduction Money	Orde	er 9/29/2021	\$805.00				
Last Name		F	First			MI		
Tyler			Lauren					
Residential Street Address		City			State	Zip Code		
914 Rockrimmon Road		Sta	mford		СТ	06903		
Principal Occupation		_	Name of Employer					
Banker			JP Morgan					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☐ No	If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?				/, Amoi	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a s No If yes, indicate which brar of government the contrac	nch or	r branches	Legislative No		\$250.00		
Method of Contribution:			Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit (Card ☐ Payroll Deduction ☐ Money	Orde	er 9/29/2021	\$500.00				
	SUBT	OT	AL Section B — This	Page	\$1,300.0	00		
	TOTAL	of	additional Section B P	ages				
TOTAL OF	ALL CONTRIBUTIONS FROM	1 INI		L D)	18, 8	B54		

Section B ADDITIONAL PAGE 93 of /26

	TYPE OF REPORT								
Caroline Simmons for Mayor		Octob	October 10 filing						
A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor) SUB	this Period ONLY STOTAL SECTION A	\$	0.00						
	B. Itemized Contributions from Individuals								
Last Name	First		MI						
Tatroe	Donna								
Residential Street Address City			State Zip Code						
216 West Hill Rd Sta	amford		CT 06902						
Principal Occupation	Name of Employer								
Retired	Retired								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to a does contributor or business he/she is as valued at more than \$5,000?			Amount of Contribution						
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state If yes, indicate which branch of government the contract is well as the second of government the second of	or branches	contractor? Yes No	\$150.00						
Method of Contribution:	Date Received	Aggregate Contributions	1						
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money Ord	9/29/2021	\$250.00							
Last Name	First		MI						
Irish	Margery								
Residential Street Address City		Ï	State Zip Code						
1746 Newfield Ave	amford		CT 06903						
Principal Occupation	Name of Employer	50							
retired	retired self employ	ed designer/							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to a contribution of a lobbyist? No valued at more than \$5,000?			Amount of Contribution						
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state If yes, indicate which branch of government the contract is	or branches	e contractor? ☐ Yes ☐ No ☐ Legislative	\$100.00						
Method of Contribution:	Date Received	Aggregate Contributions	-						
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money Order	ег 9/29/2021	\$100.00							
Last Name	First		MI						
Findeisen	Laurie								
Residential Street Address City			State Zip Code						
167 Fairview Ave	amford		CT 06902						
Principal Occupation	Name of Employer								
yoga teacher	New England Wel	Iness							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to a does contributor or business he/she is as valued at more than \$5,000?			Amount of Contribution						
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which branch of government the contract is well as the section of government the section of gov	or branches	contractor? Yes No Legislative	\$1,000.00						
Method of Contribution: Date Received Aggregate Contributions									
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Ord	er 9/29/2021	\$2,000.00							
SUBTOT	TAL Section B — This	Page \$	1,250.00						
TOTAL of	additional Section B P	ages							
TOTAL OF ALL CONTRIBUTIONS FROM IN (Enter total on Line 13, C	(+B) 5/4	8,854							

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Caroline Simmons for Mayor			Octob	October 10 filing			
A. Total Contributions from Small Contributors-Receivable (See instructions for definition of Small Contributor)		his Period ONLY FOTAL SECTION A	\$	0.00)		
B. Itemized Co	ontrib	butions from Individ	duals				
Last Name	F	irst			MI		
Main		Eilish					
Residential Street Address 8 Whittaker Street	City	mford		State	Zip Code 06902		
Principal Occupation		Name of Employer					
Director Strategic Partnerships		Coursera					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?				y, Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra	anch or	contractor or prospective state	e contractor? Yes No Legislative		\$150.00		
9,71,111		Date Received	Aggregate Contributions	=			
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Orde		\$150.00				
Last Name	F	First			MI		
Martignetti	M	Marion					
Residential Street Address	City			State	Zip Code		
70 West street	Oste	erville		MA	02655		
Principal Occupation	-	Name of Employer					
Retailer		Detailsandgoods					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes If contributor a principal of a section L1? If yes, indicate which be of government the contributor.	anch or	r branches	e contractor? ☐ Yes ☐ No ☐ Legislative		\$1,000.00		
Method of Contribution:	act is w	Date Received	Aggregate Contributions	-			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	v Order		\$2,000.00				
·	- Y-		Ψ2,000.00		MI		
Last Name Tamarkin		Leslie			WII		
Residential Street Address	City			State	Zip Code		
134 Brookdale Rd	Star	mford		СТ	06903		
Principal Occupation		Name of Employer		1			
jeweler		leslie tamarkin des	signs				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?				y, Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a ffyes, indicate which broof government the contributor of government the contributor apprincipal of a few fields.	anch or	r branches	e contractor? ☐ Yes ☐ No ☐ Legislative		\$50.00		
Method of Contribution:		Date Received	Aggregate Contributions	7			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Order	9/29/2021	\$125.00				
SUB	тот	AL Section B — This	Page	\$1,200.	00		
ТОТА	TOTAL of additional Section B Pages						
TOTAL OF ALL CONTRIBUTIONS FRO		DIVIDUALS (Sections A		8, 8	54		
(Enter with on Line	13, 00	minu A of Summiny Fuge	((ا با			

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Section B ADDITIONAL PAGE __95 __ of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT						
Caroline Simmons for Mayor			Octob	October 10 filing					
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$	0.00)				
B. Itemized Co.	B. Itemized Contributions from Individuals								
Last Name	Fir	rst			MI				
Hester		Elizabeth			. 1				
Residential Street Address	City			State	Zip Code				
529 West Lyon Farm Drive Greenwich CT 06831									
Principal Occupation Retired		Name of Employer Retired							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo	Amount of Contribution				
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a second liftyes, indicate which brain of government the contract	nch or t	oranches	e contractor? Yes No		\$1,000.00				
Method of Contribution: Date Received Aggregate Contributions									
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	9/29/2021	\$1,000.00						
Last Name	Fir	st			MI				
Higham	M	lary							
Residential Street Address	City			State	Zip Code				
3 Aspenwood	Sims	bury		СТ	06089				
Principal Occupation		Name of Employer							
Consultant		Self employed							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a can is assoc	ididate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	, Amo	unt of Contribution				
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contraction.	nch or	branches	te contractor?		\$100.00				
Method of Contribution:		Date Received	Aggregate Contributions						
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	9/29/2021	\$100.00						
Last Name	Fir				MI				
Ormsby		indsay			Tax o i				
Residential Street Address	City	enwich		State CT	Zip Code 06831				
14 Partridge Hollow Road	Gree	Name of Employer			00001				
Principal Occupation retired		retired							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amo	ount of Contribution				
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which brain of government the contract	nch or l	branches h:	☐ Legislative		\$250.00				
Method of Contribution: ☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	Date Received 9/29/2021	Aggregate Contributions \$250.00						
		L Section B — This		1,350.	00				
			7 4 6						
TOTAL OF ALL CONTRIBUTIONS FROM		dditional Section B F		است ۲	<u>ا</u>				
		umn A of Summary Page		515	84				

Section B ADDITIONAL PAGE 96 of 126



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE C	TYPE OF REPORT				
Caroline Simmons for I	Mayor				October 10 filing			
A. Total Contributions from S (See instructions for definition of Small)			this Period ONLY FOTAL SECTION A	\$		0.0	o	
	B. Itemized Con	ntril	butions from Indivi	duals	7			
Last Name]	First					MI
Moran			Garrett					
Residential Street Address		City				State	Zip	Code
355 Lake Avenue		Gre	eenwich			CT		06830
Principal Occupation Name of Employer								
Retired			Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is ass	sociated with have a contract Yes No	with said	municipality	, Am	ount (of Contribution
	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contract	nch o	r branches		No No		\$1	,000.00
Method of Contribution:			Date Received	Aggregat	e Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card ☐ Payroll Deduction ☐ Money	Orde	er 9/29/2021	\$2,00	00.00			
Last Name		I	First			-		MI
Penniman			Mary					
Residential Street Address		City				State	Zip	Code
355 Lake Avenue		Gre	eenwich			CT	0	6830-3828
Principal Occupation			Name of Employer					
none			none					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a c	candidate for a chief executive sociated with have a contract Yes No	e officer of with said	of a municipality municipality	, Am	ount (of Contribution
	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch o	or branches		No No		\$1,	,000.00
Method of Contribution:			Date Received		e Contributions	7		
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card ☐ Payroll Deduction ☐ Money	Orde	er 9/29/2021	\$1,00	00.00			
Last Name			First					MI
Swank			Lucy					
Residential Street Address		City				State	Zip	Code
12661 1/2 Venice Boulevard		Los	s Angeles			CA		90066
Principal Occupation			Name of Employer					
Private practice			Therapist					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a c	candidate for a chief executive sociated with have a contract Yes No	e officer with said	of a municipality I municipality	, Am	ount (of Contribution
	Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective of the section of			☐ Legi	slative No		\$	20.00
Method of Contribution: Date Received Aggregate Contributions								
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card ☐ Payroll Deduction ☐ Money	Orde	er 9/29/2021	\$70.0	טט			
	SUB	гот	TAL Section B — This	Page		\$2,020	.00	
	TOTAL	L of	additional Section B I	Pages				
TOTAL OF A	ALL CONTRIBUTIONS FROM (Enter total on Line		DIVIDUALS (Sections A Column A of Summary Page		\$148	,58	4	

Section B ADDITIONAL PAGE 97 of 106

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-Rece (See instructions for definition of Small Contributor)			s Period ONLY TAL SECTION A	\$	0.0	0		
B. Itemized Contributions from Individuals								
Last Name		Firs	1			MI		
Laybourne	Time		Beraldine					
Residential Street Address	City				State	Zip Code		
67 Orchard Drive	IR	hine	beck		NY	12574		
Principal Occupation			Name of Employer					
retired			retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?	00 to a she is a	a cand associ	lidate for a chief executive ated with have a contract Yes No	e officer of a municipality with said municipality	Am	ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of If yes, indicate which be of government the contributor.	ranch	or br	anches	e contractor? Yes Legislative		\$500.00		
Method of Contribution:			Date Received	Aggregate Contributions	+			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mon	ney Or	- 1	9/29/2021	\$1,000.00				
Last Name		First				МІ		
Blumenthal		Ма	atthew					
Residential Street Address	City	y			State	Zip Code		
25 Oakdale Road	St	tamf	ord		СТ	06906		
Principal Occupation			Name of Employer					
Attorney; State Legislator			Koskoff, Koskoff &	& Bieder, P.C.; Sta	te of C	onnecticut		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/s valued at more than \$5,000?					, Amo	ount of Contribution		
Is this contribution associated with an event reported in Section L1? Solution If yes, list Event # Is contributor a principal of If yes, indicate which the of government the contributor apprincipal of If yes, indicate which the of government the contributor apprincipal of If yes, indicate which the indicate whi	oranch	ı or bı	ranches	e contractor? Yes No Legislative		\$1,000.00		
Method of Contribution:	tract is	_	Date Received	Aggregate Contributions	-			
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Mor	nev Or	- 1	9/29/2021	\$1,000.00				
Last Name		First			4	МІ		
Heitman			cqueline					
Residential Street Address	City				State	Zip Code		
1145 Lafayette Street			May		NJ	08204		
Principal Occupation			Name of Employer			-		
Marketing telecom		- 1	Patriot media cons	sulting				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$44 does contributor or business he/s valued at more than \$5,000?					, Amo	ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # No Is contributor a principal of If yes, indicate which be of government the contributor of government the contributor apprincipal of If yes, indicate which be of government the contributor.	ranch	or br	anches	☐ Legislative		\$500.00		
Method of Contribution:			Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mor	ney Or	der	9/29/2021	\$500.00				
SUI	вто	TAL	Section B — This	Page	2,000	.00		
тота	AL of	fado	ditional Section B P	ages				
TOTAL OF ALL CONTRIBUTIONS FRO			VIDUALS (Sections A mn A of Summary Page 1		P, S.	54		

Section B ADDITIONAL PAGE 98 of 126

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor	(ער			TYPE OF REPORT				
Caroline Simmons for Mayor				Octo	October 10 filing			
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)			s Period ONLY OTAL SECTION A	\$	0.	00		
B. Itemized	Conti	ribu	itions from Indivi	duals				
Last Name		Firs	st				MI	
Oliver		0	Grace					
Residential Street Address	City	y			State	Zi	ip Code	
85 RIVERSIDE AVE., C-6	St	tami	ford		СТ	-	06905	
Principal Occupation		_	Name of Employer			_1_		
retired-SPEECH/LANGUAGE PATHOLOGIST			GRACE OLIVER	CCC/SLP,				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$\frac{1}{2}\$ does contributor or business he valued at more than \$5.000?					ty, Aı	mount	t of Contribution	
ls this contribution associated with an Yes Is contributor a principal of	of a state	e con		e contractor?	S			
event reported in Section L1? No If yes, indicate which	branch	or b	ranches	■ No	,	:	\$25.00	
If yes, list Event # of government the cor	ntract is	with		☐ Legislative	_			
Method of Contribution:			Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Mo	oney Or	rder	9/29/2021	\$25.00				
Last Name		Firs	t				MI	
Holanda		Ja	mes					
Residential Street Address	City	<u></u>			State	Zi	p Code	
71 Shoal Creek Road	'		gomery		NJ		08558	
Principal Occupation			Name of Employer					
Professional			Patriot Media Cor	nsulting				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 does contributor or business he/ valued at more than \$5,000?					ty, Ar	nount	of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of If yes, indicate which of government the contributor of government the contributor associated with an indicate which of government the contributor associated with an indicate which of government the contributor associated with an indicate which are the contributor associated with an indicate which are the contributor associated with an indicate which are the contributor as principal of the contributor a	branch	ı or b	ranches	e contractor? Ye		\$1	1,000.00	
Method of Contribution:			Date Received	Aggregate Contributions	_			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mo	oney Or	der	9/29/2021	\$2,000.00				
Last Name		Firs	it				Тмі	
Courter		Je	anne					
Residential Street Address	City				State		p Code	
21 Paragon Ln	1 1	, tami	ford		NY		06905-4425	
Principal Occupation		carri						
			Name of Employer					
Clerk			Botanic Nursery					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/valued at more than \$5,000?					ty, Aı	nount	of Contribution	
event reported in Section L1? No If yes, indicate which	this contribution associated with an entreported in Section L1? Yes Is contributor a principal of a state contractor or prospective state reported in Section L1? If yes, indicate which branch or branches				s	!	\$20.00	
Method of Contribution: Date Received Aggregate Contributions								
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mo	oney Or	der	9/29/2021	\$20.00				
su	J BTO	TAI	L Section B — This	Page	\$1,04	5.00		
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)					18,	(51	1	

Section B ADDITIONAL PAGE 99 of 126



NAME OF COMMITTEE (Provide Complete Name as Registered with Filling Repository)			TYPE OF REPORT				
Caroline Simmons for Mayor			Octo	October 10 filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$	0.00			
B. Itemized Con	ntrib	utions from Indivi	duals				
Last Name	Fir	rst			MI		
Clark		Harry					
Residential Street Address	City			State	Zip Code		
209 West Lyon Farm Dr	Gree	enwich		CT	06831		
Principal Occupation		Name of Employer	1.0				
Management Consultant		Stanwich Group L					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amou	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a s If yes, indicate which brar of government the contract	nch or b	branches	e contractor? Yes No Legislative		\$500.00		
	JI IS WIL			_			
Method of Contribution:	0.1	Date Received 9/29/2021	Aggregate Contributions \$1,500.00				
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money			\$1,500.00				
Levin	Fir Ja	ay			MI		
Residential Street Address	City			State	Zip Code		
23 Worthington Rd	New	London		СТ	06320-2932		
Principal Occupation		Name of Employer		1			
attorney/lobbyist		Jay B. Levin Gove	ernment Relations	Consult	ing		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				y _i Amou	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a section L1? If yes, list Event # Is contributor a principal of a section L1? If yes, list Event #	nch or	branches	e contractor? Yes No		\$100.00		
Method of Contribution:	ot is wit	Date Received	Aggregate Contributions	-			
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money	Order	9/29/2021	\$200.00				
Last Name	Fir				MI		
Dynner	- 1	leather					
	City			State	Zip Code		
439 Pepper Ridge Road	Stam	nford		CT	06905		
Principal Occupation		Name of Employer					
Social worker		Theracare					
Is contributor a lobbyist, spouse,	to a cor	L	officer of a municipalit	v A =====	ınt of Contribution		
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?				y, Amou	int of Contribution		
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:					\$100.00		
Method of Contribution:		Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	9/29/2021	\$550.00				
SUBTOTAL Section B — This Page \$700.0)		
TOTAL	of ac	dditional Section B P	ages				
TOTAL OF ALL CONTRIBUTIONS FROM		IVIDUALS (Sections A		8, 85	4		
(Line) total on Line I	. 5, 0011	vy Danimury 1 uge 1		/	-		

Section B ADDITIONAL PAGE 100 of 106

or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality visualed at more than \$5,000? Is this contribution associated with an event reported in Section 1.7? Yes No Yes Yes No Yes Yes No Yes	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Substitution Subs	Caroline Simmons for Mayor				Octob	October 10 filing			
Same Lyman Amous Court Amous Zag Caste Country Cou				and the Complete New Orleans Representations	\$	0.0	10		
Same Lyman Amous Court Amous Zag Caste Country Cou									
Lyman Residential Street Address Clay Destroin Student	B. Itemized C	ontr	ribu	itions from Indivi	duals				
Trincipal Occupations Student	Last Name		Firs	st				MI	
South Street			A	√mes					
Name of Employer Student Stude	1.024 ABC 16 6/4/50					State	Zip		
Student Student Stude	38 Upton Street	Bo	osto	on		MA		02118	
Scontributor a lobbyist, spouse, or dependent child of a lobbyst? No No Value of the second with an executive officer of a municipality, value of the second with an executive officer of a municipality value of the second with an executive officer of a municipality value of the second with an executive officer of a municipality value of the second with an executive officer of a municipality value of the second with an executive officer of a municipality value of the second with an executive officer of a municipality value of the second with an executive officer of a municipality value of the second with an executive officer of a municipality value of the second with an executive officer of a municipality value of the second with an executive officer of a municipality value of the second with an executive officer of a municipality value of the second with an executive officer of a municipality value of the second value of the	Principal Occupation			Name of Employer					
or dependent child of a lobbyist? No valued at more than \$5,000? Ves No valued at more	student			Student					
Event reported in Section 1.17 Mo More presented by Section 1.17 More presented of government the contract is with: Executive Legislative Legi	or dependent child of a lobbyist?			iated with have a contract		y, Am	ount (of Contribution	
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 9/30/2021 \$1,010.00	event reported in Section L1? No If yes, indicate which br	anch	or b	ranches	No		\$^	100.00	
Last Name Watson Residential Street Address 31 Clay Hill Road Stamford CT O6905 Principal Occupation Unemployed Is contributor a lobbyist, spouse, or dependent child of a lobbyst? Is this contributor a lobbyist, spouse, or dependent child of a lobbyst? Is this contributor a lobbyist spouse, or dependent child of a lobbyst? Is this contributor a lobbyist spouse, or dependent child of a lobbyst? Is this contributor a lobbyist spouse, or dependent child of a lobbyst? Is this contributor a lobbyist spouse, or dependent child of a lobbyst? Is this contributor a lobbyist spouse, or dependent child of a lobbyst? Is this contributor a lobbyist spouse, or dependent child of a lobbyst spouse, or dependent child	Method of Contribution:			Date Received	Aggregate Contributions	7			
Residential Street Address 31 Clay Hill Road Stamford Stamford Stamford Stamford Stamford Stamford Stamford Stamford Stamford State Zip Code O6905 Name of Employer Unemployed Scontributor a lobbyist, spouse, or dependent child of a lobbyist? In South State	☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Mon-	ey Orc	der	9/30/2021	\$1,010.00				
Residential Street Address 31 Clay Hill Road Stamford Sta	Last Name		Firs	t				MI	
31 Clay Hill Road Stamford Stamford CT 06905 Principal Occupation Unemployed Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No or dependent child of a lobbyist? No list is contribution associated with an event reported in Section L1? Yes	Watson		Ro	oger					
Principal Occupation Unemployed Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No lot a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If contribution associated with an event reported in Section L1? No lot she contribution associated with an event reported in Section L1? No lot she contribution associated with an event reported in Section L1? No lot she contribution associated with an event reported in Section L1? No lot she contribution associated with an event reported in Section L1? No lot she contribution associated with an event reported in Section L1? No lot she contribution associated with an event reported in Section L1? No lot she contribution associated with an event reported in Section L1? No lot she contribution is in excess of \$400 to a candidate for a chief executive later contractor. In the lot of a lobbyist, spouse, or dependent child of a lobbyist, spouse	Residential Street Address	City	-			State	Zip	Code	
Unemployed Scontributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality Yes Is contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Ye	31 Clay Hill Road	Sta	amf	ford		СТ		06905	
State Stat	Principal Occupation			Name of Employer					
South Avenue State	Unemployed			Unemployed					
Sevent reported in Section L1? No Hyes, indicate which branch or branches Executive Legislative No of government the contract is with: Executive Legislative No of government the contract is with: Executive Legislative No of government the contract is with: Executive Legislative No of government the contract is with: Executive Legislative No of government the contract is with: Executive Legislative No of government the contract is with: Executive Legislative No of government the contract with said municipality No of government the contract is with: Executive Legislative No of government the contract with: Legislative No of government the contract with: Legislative No of government the contract is with: Legislative No of government the contract with: Legislative No of government the contract with: Legislative No of government the contract is with: Legislative No of government the con	or dependent child of a lobbyist? No does contributor or business he/sh			iated with have a contract		, Am	ount o	of Contribution	
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Payroll Deduction Date Received Aggregate Contributions Pages	event reported in Section L1? No If yes, indicate which be	ranch	or b	ranches	■ No		\$:	25.00	
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 9/30/2021 \$50.00		act is	with			-			
Last Name Santiago Residential Street Address 86 South Avenue Meriden Name of Employer State of connecticut Amount of Contribution State of connecti	_	w Ord	ام						
Santiago Residential Street Address 86 South Avenue Meriden Name of Employer Legislator State of connecticut Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No lose contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event in section L1? If yes, indicate which branch or branches of government the contract is with: Section L1? No State Zip Code		.y Oid			Ψ00.00			Tva	
Residential Street Address 86 South Avenue Name of Employer State of Connecticut								IVII	
Meriden Meriden Meriden Meriden CT 06451		1-0	_	<u> </u>					
Principal Occupation Legislator State of connecticut State of connecticut Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor or business he/she is associated with have a contract with said municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order SUBTOTAL Section B — This Page \$175.00 TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)		C505		la m		1	Zip		
Legislator State of connecticut Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: State of connecticut Amount of Contribution		INIE	eria			<u> </u>		U045 I	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event of section L1? Yes No Is contributor a principal of a state contractor or prospective state contractor? Yes No Yes, list Event # Executive Legislative Legislative									
does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Legislator		ļ	State of connectic	ut				
event reported in Section L1? No If yes, indicate which branch or branches of government the contract is with: Executive Legislative	or dependent child of a lobbyist? No does contributor or business he/sh			iated with have a contract		, Am	ount o	of Contribution	
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money Order 9/30/2021 \$150.00 SUBTOTAL Section B — This Page \$175.00 TOTAL of additional Section B Pages TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	event reported in Section L1? If yes, indicate which br	anch (or br	ranches	No		\$	50.00	
SUBTOTAL Section B — This Page \$175.00 TOTAL of additional Section B Pages TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	V==		\neg	Date Received	Aggregate Contributions	7			
TOTAL of additional Section B Pages TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Ord	der	9/30/2021	\$150.00				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	SUB	TOT	ΓΑΙ	Section B — This	Page	\$175.	00		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)	TOTA	L of	f ad	ditional Section B P	ages				
	TOTAL OF ALL CONTRIBUTIONS FRO	M IN	NDI'	VIDUALS (Sections A mn A of Summary Page 7	(+B) 5/47	P, 8.	54		

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				Octob	oer 10	filing	}
A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor)			nis Period ONLY OTAL SECTION A	\$	0.0	0	
	ont	_	utions from Indivi	duals		1000	
Last Name Fleishman			rst				MI
	To a	┸	Amy			1=-	
Residential Street Address	City	•	oford.		State	Zip	Code 06902
77 Havemeyer Lane	70		nford				00902
Principal Occupation Retired			Name of Employer				
			Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?					/, Am	ount	of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of If yes, indicate which by of government the contributor of government the contributor apprincipal of If yes, indicate which by of government the contributor apprincipal of If yes, indicate which by of government the contributor apprincipal of If yes, indicate which by of government the contributor apprincipal of If yes, indicate which by of government the contributor apprincipal of If yes, indicate which by of government the contributor apprincipal of If yes, indicate which by of government the contributor apprincipal of If yes, indicate which by of government the contributor apprincipal of If yes, indicate which by of government the contributor apprincipal of If yes, indicate which by of government the contributor apprincipal of If yes, indicate which by of government the contributor apprincipal of If yes, indicate which by of government the contributor apprincipal of If yes, indicate which by of government the contributor apprincipal of If yes, indicate which by of government the contributor apprincipal of If yes, indicate which by of government the contributor apprincipal of If yes, indicate which by of government the contributor apprincipal of If yes, indicate which by of government the contributor apprincipal of If yes, indicate which is the If yes, indicate which is yes, indicate which is the If yes, indicate which is yes	anch	or b	branches	e contractor? Yes No Legislative		\$	100.00
Method of Contribution:	act is	VVIII	Date Received	Aggregate Contributions	-		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mon-	ey Or	der		\$100.00			
Last Name		Fir	rst				MI
Ganguly		S	andra				
Residential Street Address	City	V			State	Zip	Code
69 Lantern Cir	St	am	nford		CT	0	6905-3132
Principal Occupation		_	Name of Employer				
Data Strategy			Mastercard				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?					, Am	ount o	of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of Ifyes, indicate which by of government the contributor.	ranch	or l	branches	₩ No		\$1	100.00
If yes, list Event # of government the contribution:	act is	WIL	Date Received	Legislative Aggregate Contributions	-		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	ev Or	der	9/30/2021	\$200.00			
Last Name	_	Fir	1				MI
Sharma		1	anill				
Residential Street Address	City				State	Zip	Code
144 Pond Road	1 1		nford		СТ	1	06902
Principal Occupation	-	_	Name of Employer				
Homemaker			Self employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?					, Am	ount o	of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a lifyes, indicate which broof government the contributor of government the contributor.	anch	or b	branches	e contractor? Yes No Legislative		\$5	500.00
Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mono	∌у Ог	der	9/30/2021	\$500.00			
SUB	ТОТ	TA	L Section B — This	Page	\$700.0	00	
TOTA	L of	fac	dditional Section B P	ages			
	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) \$\(\begin{align*} \frac{\pi}{2}, & \fr						

Section B ADDITIONAL PAGE 102 of 126

NAME OF COMMITTEE (Provide Complete Name as R	egistered with Filing Repository)			TYPE OF REPORT	/PE OF REPORT			
Caroline Simmons for Mayo	or			Octob	October 10 filing			
A. Total Contributions from Small (See instructions for definition of Small Contri			this Period ONLY FOTAL SECTION A	\$	0.00			
	B. Itemized Con	ntril	butions from Indivi	duals				
Last Name		F	First			MI		
Vitale Residential Street Address			Amy		1.	Tax a .		
30 Hazelwood Lane		City	mford		State	Zip Code 06905		
Principal Occupation		Otal	Name of Employer			00300		
Lighting Designer			ALV Lighting Solu	tions				
or dependent child of a lobbyist?	ontribution is in excess of \$400 contributor or business he/she ed at more than \$5,000?				/, Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1? No If yes, list Event #	Is contributor a principal of a s If yes, indicate which brar of government the contract	nch or	r branches	e contractor?		\$20.00		
Method of Contribution:			Date Received	Aggregate Contributions	_			
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐	Payroll Deduction Money	Orde	9/30/2021	\$20.00				
Last Name		F	First			MI		
Swanberg			Sarah					
Residential Street Address		City			State	Zip Code		
57 Ocean Drive West		Star	mford		СТ	06902		
Principal Occupation			Name of Employer					
Acupuncturist			Indigo wellness					
or dependent child of a lobbyist?	ntribution is in excess of \$400 t contributor or business he/she ed at more than \$5,000?				, Amoi	unt of Contribution		
Is this contribution associated with an event reported in Section L1? No If yes, list Event #	Is contributor a principal of a surfyes, indicate which branched of government the contract	nch or	r branches	e contractor? Yes No Legislative		\$25.00		
Method of Contribution:	01 80 10111110111 1110 00111111		Date Received	Aggregate Contributions	-			
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐	Payroll Deduction Money	Order	г 9/30/2021	\$220.00				
Last Name		IF	First			МІ		
Maron			Jeffrey					
Residential Street Address		City	•		State	Zip Code		
169 East Ln	N .		mford		СТ	06905		
Principal Occupation		-	Name of Employer					
Manager			Tradition					
or dependent child of a lobbyist?	ntribution is in excess of \$400 t contributor or business he/she ed at more than \$5,000?				, Amou	unt of Contribution		
Is this contribution associated with an event reported in Section L1? No If yes, list Event #	Is contributor a principal of a s If yes, indicate which bran of government the contrac	ich or	r branches	■ No		\$500.00		
Method of Contribution: Date Received Aggregate Contributions								
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐	Payroil Deduction Money	Order	r 9/30/2021	\$1,000.00				
SUBTOTAL Section B — This Page				\$545.00	0			
	TOTAL	of a	additional Section B P	ages				
TOTAL OF ALL C	CONTRIBUTIONS FROM				8, 4	54		
	(Enter total on Line 1	3, Co	olumn A of Summary Page T	otals) ' ' /	-)	- •		

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-Recei	ived th	is Period ONLY OTAL SECTION A	\$	0.00)		
B. Itemized Co	ontrib	utions from Indivi	duals	3 5	The state of the s		
Last Name	1	rst An denu			Ml		
Bronin		Andrew		State	Zip Code		
Residential Street Address	City	.v		CT	06426		
21 Little Point St		Name of Employer					
Principal Occupation		self					
physician/dermatologist			a officer of a municipality	I Am	ount of Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$40 does contributor or business he/sl valued at more than \$5,000?	he is asso	ciated with have a contract Yes No	with said municipality	Am	Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of If yes, indicate which be of government the cont	ranch or	branches	e contractor? Yes No		\$1,000.00		
Method of Contribution:		Date Received	Aggregate Contributions	7			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mor	ney Order	9/30/2021	\$2,000.00				
Last Name	F	irst			MI		
Conley	8	Scott					
Residential Street Address	City			State	Zip Code		
62 West Lane	Star	mford		СТ	06905		
Principal Occupation		Name of Employer					
CEO		The Cradlerock C	Group				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$40 does contributor or business he/s valued at more than \$5,000?	00 to a ca she is asso	andidate for a chief executive ociated with have a contract Yes No	ve officer of a municipality with said municipality	Am	ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of If yes, indicate which of government the con	branch o	contractor or prospective start branches with:	Legislative		\$1,000.00		
Method of Contribution:		Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mon	ney Orde	9/30/2021	\$1,000.00				
Last Name		First			MI		
Godzeno		Jennifer		,			
Residential Street Address	City			State	Zip Code 06906		
29B Douglas Ave	Sta	mford		СТ	00900		
Principal Occupation		Name of Employer	. O'I T Off-	:-l-			
Urban planner			f City Transp. Offic				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 does contributor or business he/valued at more than \$5,000?	400 to a c /she is ass	andidate for a chief executi sociated with have a contract Yes No	t with said municipality	y, Ar	nount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which indicate whindicate which indicate which indicate which indicate which indica	branch o	vith: Executive	Legislative		\$1,000.00		
Method of Contribution: Date Received Aggregate Contributions Aggregate Contributions							
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mo	55X	sell and awaren	\$2,000.00	\$2.00	0.00		
SU	JBTOT	AL Section B — Thi	s Page	\$3,00	0.00		
		additional Section B					
TOTAL OF ALL CONTRIBUTIONS FR (Enter total on L	ROM IN ine 13, C	IDIVIDUALS (Sections Column A of Summary Pag	(A + B) e Totals) S/C	18,	854		

Section B ADDITIONAL PAGE 104 of 196

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repasitory)			TYPE OF REPORT					
Caroline Simmons for Mayor			October 10 filing					
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ed th	nis Period ONLY OTAL SECTION A	\$	0.00)			
B. Itemized Co.	ntrib	outions from Individ	luals					
Last Name	Fi	irst			MI			
Cyphers		Ann			In a l			
Residential Street Address	City			State	Zip Code			
667 Independence Valley Drive	GRA	AND JUNCTION		СО	81507			
Principal Occupation		Name of Employer	L					
FOUNDER AND CEO		Carlsen Resource						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is asso	ociated with have a contract Yes No	with said municipality	, Amo	ount of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	contractor? Yes No		\$1,000.00			
Method of Contribution:		Date Received	Aggregate Contributions	7				
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Ordei	г 9/30/2021	\$1,000.00					
Last Name		rirst			MI			
Krowitz	5	Scott						
Residential Street Address	City			State	Zip Code			
83 Canfield Drive	Star	mford		СТ	06902			
Principal Occupation		Name of Employer						
Legal staffing/recruiting		Consilio						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	e is ass	ociated with have a contract Yes No	with said municipality		ount of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a lf yes, indicate which broof government the contributor of government the contributor apprincipal of a lf yes, indicate which broof government the contributor apprincipal of a lf yes, indicate which broof government the contributor apprincipal of a lf yes, indicate which broof government the contributor apprincipal of a lf yes, indicate which broof government the contributor apprincipal of a lf yes, indicate which broof government the contributor apprincipal of a lf yes, indicate which broof government the contributor apprincipal of a lf yes, indicate which broof government the contributor apprincipal of a lf yes, indicate which broof government the contributor apprincipal of a lf yes, indicate which broof government the contributor apprincipal of a lf yes, indicate which broof government the contributor apprincipal of a lf yes, indicate which broof government the contributor apprincipal of a lf yes, indicate which broof government the contributor apprincipal of a lf yes, indicate which broof government the contributor apprincipal of a lf yes, indicate which broof government the contributor apprincipal of a lf yes, indicate which broof government the contributor apprincipal of a lf yes, indicate which are likely apprincipal of a lf yes, indicate which are likely apprincipal of a lf yes, indicate which are likely apprincipal of a lf yes, indicate which are likely apprincipal of a lf yes, indicate which are likely apprincipal of a lf yes, indicate which are likely apprincipal of a lf yes, indicate which are likely apprincipal of a lf yes, indicate which are likely apprincipal of a lf yes, indicate which are likely apprincipal of a lf yes, indicate which are likely apprincipal of a lf yes, indicate which are likely apprincipal of a lf yes, indicate which are likely apprincipal of a lf yes, indicate which are likely apprincipal of a lf yes, indicate which are likely apprincipal of a lf yes, i	anch o	or branches	te contractor? ☐ Yes ☐ No ☐ Legislative		\$100.00			
Method of Contribution:		Date Received	Aggregate Contributions	7				
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Mone	y Orde	9/30/2021	\$100.00					
Last Name		First			MI			
Grant-Hyman		Jennifer						
Residential Street Address	City			State	Zip Code			
53 Carriage Drive	Sta	amford		СТ	06902			
Principal Occupation		Name of Employer						
Development Solutions		Regeneron						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?	0 to a c ne is ass	candidate for a chief executive sociated with have a contract Yes No	ve officer of a municipalit t with said municipality	y, An	nount of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a lifyes, indicate which broad of government the contributor of government the contributor.	anch o	or branches	☐ Legislative		\$50.00			
Method of Contribution: Date Received Aggregate Contributions								
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mon	ey Ord	er 9/30/2021	\$50.00					
SUE	втот	TAL Section B — Thi	s Page	\$1,150	0.00			
TOTA	L of	additional Section B	Pages					
TOTAL OF ALL CONTRIBUTIONS FRO)M IN	NDIVIDUALS (Sections Column A of Summary Page	A + B) S / C	11,	W4			

Section B ADDITIONAL PAGE 105 of 105

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			\$ 0.00			
B. Itemized Contributions from Individuals						
Last Name	F	Pirst			MI	
Reed		Ann		Ta	Ta: 0.1	
Residential Street Address 15 Libby Lane	City Dari	ion		State	Zip Code 06820	
	Dan			101	00020	
Principal Occupation Retired		Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Amount of Contribution						
event reported in Section L1? No If yes, indicate which bra					\$100.00	
Method of Contribution:		Date Received	Aggregate Contributions	=		
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Order	9/30/2021	\$525.00			
Last Name	F	First			MI	
O'Shea	5	Stephanie				
Residential Street Address City					Zip Code	
9 Norman Road Stamford				СТ	06906	
Principal Occupation		Name of Employer		4		
unemployed		unemployed				
	does contributor or business he/she is associated with have a contract with said municipality					
event reported in Section L1? No If yes, indicate which bra	1					
If yes, list Event # of government the contra	ct is w	Date Received	Aggregate Contributions	_		
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money						
					MI	
Last Name First					MII	
Steed	ــــــــــــــــــــــــــــــــــــــ	Jeremy				
Residential Street Address	City			State	Zip Code	
4119 Aspen Street	Che	evy Chase		MD	20815	
Principal Occupation Name of Employer						
Lawyer		Paul Hastings LLF	•			
7 7 1 2 = 1	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?					
event reported in Section L1? If yes, indicate which bra						
Method of Contribution:		Date Received	Aggregate Contributions			
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money Order 9/30/2021 \$2,000.00						
SUBTOTAL Section B — This Page \$1,					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)				8,85	:4	

Section B ADDITIONAL PAGE 106 of 126

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Caroline Simmons for Mayor			Octob	October 10 filing			
A. Total Contributions from Small Contributors-Recei (See instructions for definition of Small Contributor)		this Period ONLY TOTAL SECTION A	\$	0.00	•		
B. Itemized Co	ontri	ibutions from Indivi	duals	NI NI			
Last Name		First			MI		
Tedesco		Anthony					
Residential Street Address	City			State CT	Zip Code 06905		
120 Dann Drive	Sta	amford		CI	00905		
Principal Occupation		Name of Employer City of Stamford					
Admin Coordinator	0.	-			unt of Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?	0 to a one is as	sociated with have a contract	with said municipality		unt of Contribution		
Is this contribution associated with an event reported in Section L1? Is this contributor a principal of a lifyes, indicate which brof government the contributor a principal of a lifyes, indicate which brof government the contributor a principal of a lifyes, indicate which brof government the contributor approach is contributor a principal of a lifyes, indicate which brof government the contributor approach is contributor approach in the contributor approach is contributor.	anch o		e contractor?		\$25.00		
Method of Contribution:		Date Received	Aggregate Contributions	_			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	ey Ord	ler 9/30/2021	\$25.00				
Last Name		First			MI		
Lehman		Susan					
Residential Street Address	City			State	Zip Code		
521 Field Point Rd	Gre	eenwich		CT	06830		
Principal Occupation		Name of Employer					
Not Employed		Not employed					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?	0 to a one is as	candidate for a chief executive sociated with have a contract Yes No	e officer of a municipalit with said municipality	y, Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of If yes, indicate which by of government the contributor.	ranch	contractor or prospective star or branches with:	te contractor? ☐ Yes ☐ No ☐ Legislative		\$1,000.00		
Method of Contribution:		Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mono	ey Ord	ler 9/30/2021	\$1,500.00				
Last Name		First			MI		
Lichtenstein	Lou	Joel		T 04-4-	Tai- Codo		
Residential Street Address	City	idgeport		State	Zip Code 06604		
350 Fairfield Avenue 501	T Dill	Name of Employer		01	00001		
Principal Occupation Attorney		Koskoff, Koskoff					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor is in excess of \$40 does contributor or business he/sl valued at more than \$5,000?	0 to a ne is as	candidate for a chief executives sociated with have a contract Yes No	e officer of a municipalit t with said municipality	y, Amo	ount of Contribution		
If yes, list Event # Executive				\$500.00			
Method of Contribution:	ou O-1	Date Received der 9/30/2021	Aggregate Contributions \$500.00				
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mon		75 B F7 (S23 B)	20.14	\$1,525.	00		
		TAL Section B — This	, Tage	Ψ1,020.			
		f additional Section B					
TOTAL OF ALL CONTRIBUTIONS FRO	OM IN	NDIVIDUALS (Sections . Column A of Summary Page	A + B) $1/4$	8,51	54		

Section B ADDITIONAL PAGE 107 of 126

NAME OF COMMITTEE (Provide Complete Nat	me as Registered with Filing Repository)			TYPE OF REPORT	WI.		1118 111
Caroline Simmons for	Mayor			October 10 filing			
A. Total Contributions from S (See instructions for definition of Small			his Period ONLY TOTAL SECTION A	\$	0.00)	
	B. Itemized Co	ntrib	butions from Indivi	duals			7
Last Name		F	First				MI
Richman			Brooke	W.		Tay o	
Residential Street Address		City			State	Zip C	
11 Conyers Farm Drive		Gre	enwich		СТ		06831
Principal Occupation			Name of Employer				
Business Owner			Coop & Spree				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	andidate for a chief executive ociated with have a contract Yes No	e officer of a municipality with said municipality	/, Amo	unt of	Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a s No If yes, indicate which brat of government the contract	nch or	branches	e contractor? Yes No		\$1,0	00.00
Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card □ Payroll Deduction □ Money	Order	r 9/30/2021	\$1,500.00			
Last Name		F	rirst		_		MI
Steed		1	Tyler				
Residential Street Address		City			State	Zip C	Code
8300 Wisconsin Avenue		Beth	nesda		MD		20814
Principal Occupation			Name of Employer	7	•	-	
Finance			Paladin Capital G	roup			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	andidate for a chief executive ociated with have a contract Yes No	e officer of a municipality with said municipality	/, Amo	unt of	Contribution
	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch or	r branches	te contractor? ☐ Yes ☐ No ☐ Legislative		\$1,0	00.00
Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card ☐ Payroll Deduction ☐ Money	Order	9/30/2021	\$2,000.00			
Last Name		F	First				MI
Feehan			John				
Residential Street Address		City			State	Zip C	
2155 Aquetong Rd		Nev	w Hope		PA		18938
Principal Occupation			Name of Employer				
Finance			None				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	andidate for a chief executivociated with have a contract Yes No	re officer of a municipality	y, Amo	ount of	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches of government the contract is with: Executive Legislative				\$1,000.00			
Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit (Card ☐ Payroll Deduction ☐ Money	Order	9/30/2021	\$2,000.00			
	SUB	гот	AL Section B — This	Page	\$3,000.	00	
	TOTA	Lofa	additional Section B l	Pages			
TOTAL OF	ALL CONTRIBUTIONS FROM	M INI	DIVIDUALS (Sections A	A + B) Ct(1 \	2.5%	4	
	(Enter total on Line	13, Co	olumn A of Summary Page	Totals) YUC	1/00	' '	

Section B ADDITIONAL PAGE 108 of 126

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT			
Cappline Simmons or mayor	October 10 tiling			
A. Total Contributions from Small Contributors-Receiv	\$			
(See instructions for definition of Small Contributor)	SUBTOTAL SECTION A			
	ntributions from Indivi	duals	MI	
I Shame Shana Ghan	First Car7		1411	
Residential Street Address 28() OCCUN DNVC EGS†	city Stamford		State Zip Code CT 069 à Z	
Principal Occupation	Name of Employer			
Ceo	0,	il Clean		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution	
event reported in Section L1?		e contractor?	\$ / 000	
If yes, list Event # of government the contract Method of Contribution:	Date Received	Aggregate Contributions	-	
☐ Cash ☐ Personal Check 💆 Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 9/20/21	\$ 2008		
Last Name	First		MI	
shultz- Wilson	Valant		State Zip Code	
Residential Street Address G FUITH LANC	Danbum		State Zip Code C 7 0 (6810)	
Principal Occupation Manasing Pamer, shult to	Name of Employer SEN -emplo	yed		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executiv is associated with have a contract Yes No	e officer of a municipality, with said municipality	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contraction.		te contractor? Yes No Legislative	\$ 250.00	
Method of Contribution:		Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money		SI Q 30.	MI	
Last Name Fede G	Joshu a			
Residential Street Address (00 man nolet koad	stamford		State Zip Code OG917	
Principal Occupation PCCOUNT Management	Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of Contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a lifyes, indicate which brain of government the contract.	ct is with:	☐ Legislative	\$1000	
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Card ☐ Payroll Deduction ☐ Money	Order $\frac{2i}{20/2}$	Aggregate Contributions		
SUBT	FOTAL Section B — This	Page & d,	250	
TOTAL	L of additional Section B l	Pages		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	A INDIVIDUALS (Sections A 13, Column A of Summary Page	1 (148) 5/48, Totals)	854	

Section B ADDITIONAL PAGE 109 of 1/2 6

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Caroline Simmons for Mayor			Octob	October 10 filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$	0.00			
B. Itemized Con	ntrib	outions from Indivi	duals	77	100		
Last Name	F	irst			MI		
Kagan		Carolyn					
Residential Street Address	City			State	Zip Code		
14 Dartley St	Star	mford		CT	06905		
Principal Occupation		Name of Employer					
psychotherapist		Alliance Therapy	Practice				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a section L1? If yes, list Event # Of government the contract	nch or	branches	e contractor? ☐ Yes ☐ No ☐ Legislative		\$25.00		
Method of Contribution:		Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	9/30/2021	\$120.00				
Last Name	Fi	irst			MI		
Day	\	/irginia					
Residential Street Address	City			State	Zip Code		
680 Steamboat Road, #6	Gree	enwich		СТ	06830		
Principal Occupation		Name of Employer					
Retired		None					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca is asso	indidate for a chief executive ociated with have a contract Yes No	e officer of a municipality with said municipality	, Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	te contractor? Yes No Legislative		\$1,000.00		
Method of Contribution:		Date Received	Aggregate Contributions	7			
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money	Order	9/30/2021	\$2,000.00				
Last Name	F	irst			MI		
Silver		Keith					
Residential Street Address	City			State	Zip Code		
525 West Hill Road	Star	mford		CT	06902		
Principal Occupation		Name of Employer			***		
Financial Advisor		Morgan Stanley					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	andidate for a chief executive ociated with have a contract Yes No	e officer of a municipality with said municipality	/, Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which bra. of government the contract	nch ог	branches	Legislative		\$100.00		
Method of Contribution:		Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	9/30/2021	\$100.00				
SUBT	ГОТА	AL Section B — This	Page	\$1,125.	00		
TOTAL	Lofa	dditional Section B I	Pages				
TOTAL OF ALL CONTRIBUTIONS FROM		DIVIDUALS (Sections A	A + B) Totals) \$ [U	18, 9	<u> </u>		

Section B ADDITIONAL PAGE 110 of 10 6

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	4		TYPE OF REPO	ORT		i ku ji nive
Caroline Simmons for Mayor			October 10 filing			
A. Total Contributions from Small Contributors-Receiv		this Period ONLY	\$		0.00	
		butions from Indivi	duals		W-18	
Last Name Ecker	1	First Charlesanna				MI
Residential Street Address	City	Chanesanna			State	Zip Code
226 Dundee Rd		mford			CT	06903
Principal Occupation		Name of Employer				
retired		retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					Amou	ent of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a second reported in Section L1? If yes, list Event # No If yes, indicate which brand of government the contract	nch o	r branches	e contractor?	☐ Yes ■ No		\$100.00
Method of Contribution:		Date Received	Aggregate Contrib	utions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Orde	er 9/30/2021	\$750.00			
Last Name		First				МІ
Lee		Mary			a	7. 0.1
Residential Street Address 104 Burgess Road	City	ktown Heights			State NY	Zip Code 10598
Principal Occupation	101	Name of Employer				
Executive Assistant		RCN				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					Amou	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a If yes, indicate which bra of government the contraction.	nch o	or branches	e contractor?	☐ Yes ■ No		\$50.00
Method of Contribution:		Date Received	Aggregate Contrib	utions	1	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Orde	er 9/30/2021	\$100.00			
Last Name	- 1	First				MI
Schenck		Kim		- 7		7: 0 1
Residential Street Address 35 Saint George Avenue	City	ımford			State CT	Zip Code 06905
Principal Occupation	Ota	Name of Employer				00000
Strategic media planner		Self employed - K	KS Commur	nicatior	ıs	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					Amou	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a section L1? If yes, list Event # Of government the contract	nch o	r branches	e contractor?	□Yes ■ No		\$100.00
Method of Contribution:	o :	Date Received	Aggregate Contrib	utions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	/ Orde	9/30/2021	\$150.00			
SUBT	ГОТ	AL Section B — This	Page		\$250.00)
TOTAL	Lof	additional Section B F	ages			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		DIVIDUALS (Sections A column A of Summary Page	A + B) Totals)	6/48	8, 8.	54

Section B ADDITIONAL PAGE 111 of 126

Caroline Simmons for Mayor								
		Caroline Simmons for Mayor			October 10 filing			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		his Period ONLY OTAL SECTION A	\$	0.00				
B. Itemized Co	ntrib	outions from Individ	duals					
Last Name	F	rirst		MI				
Mattei		Christopher						
Residential Street Address	City			State Zip Code				
176 North Beacon St.	Har	tford		CT 06105				
Principal Occupation		Name of Employer						
Attorney		Koskoff, Koskoff 8	Bieder					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				Amount of Contribu	tion			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contraction.	nch or	branches	_ No	\$500.00				
Method of Contribution:		Date Received	Aggregate Contributions					
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Orde	9/30/2021	\$500.00					
Last Name	F	irst	16	MI				
Pittoni	N	Mary Jo						
Residential Street Address	City			State Zip Code				
283 Quarry Road	Star	mford		CT 06903				
Principal Occupation		Name of Employer						
Retired SPS teacher and administrator		N/a						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				Amount of Contribu	tion			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a If yes, indicate which bra of government the contra	nch o	r branches	e contractor? Yes No Legislative	\$100.00				
Method of Contribution:		Date Received	Aggregate Contributions	1				
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	9/30/2021	\$250.00	}				
Last Name	F	First		MI				
Augustyn		Laura						
Residential Street Address	City			State Zip Code				
444 Bedford St, 1N	Star	mford		CT 06901				
Principal Occupation		Name of Employer						
ESL TEACHER		Laura J Augustyn	dba Laura J Augu	styn				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				Amount of Contribu	ition			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	r branches	e contractor? Yes No Legislative	\$25.00				
Method of Contribution:		Date Received	Aggregate Contributions					
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	r 9/30/2021	\$25.00					
SUB	ГОТ	AL Section B — This	Page	\$625.00				
TOTA	Lofa	additional Section B P	ages					
TOTAL OF ALL CONTRIBUTIONS FROM		DIVIDUALS (Sections A Jumn A of Summary Page	A + B) Totals)	854				

Section B ADDITIONAL PAGE 112 of 126

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Caroline Simmons for Mayor			Octob	October 10 filing		
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		his Period ONLY FOTAL SECTION A	\$	0.00	l	
B. Itemized Con	atril	butions from Individ	duals	. Y		
Last Name	F	First			MI	
Horowitz		Dana				
Residential Street Address	City			State	Zip Code	
16 Dunn Ave	Sta	mford		CT	06905	
Principal Occupation		Name of Employer	,			
Office Adminsitrator		Integrated Protect	ion Services			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a sevent reported in Section L1? If yes, indicate which branches in the section L1?	ich or	r branches	e contractor?		\$100.00	
If yes, list Event # of government the contract	t is w	Date Received	Aggregate Contributions	=		
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Orda	0/00/0004	\$200.00			
			Ψ200.00		MI	
Last Name Belfiore		First Matthew			IVII	
Residential Street Address	City			State	Zip Code	
		mford		СТ	06907	
Principal Occupation		Name of Employer				
Teacher		Stamford Public S	Schools			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a ca	andidate for a chief executive ociated with have a contract Yes No	e officer of a municipality with said municipality	, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # No Is contributor a principal of a: If yes, indicate which brain of government the contract	nch o	r branches	e contractor? Yes No Legislative		\$100.00	
Method of Contribution:		Date Received	Aggregate Contributions			
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money	Orde	r 9/30/2021	\$250.00			
Last Name	I	First			MI	
Lord-Sharma		Lois				
Residential Street Address	City			State	Zip Code	
141 Club Rd	Sta	mford		CT	06905	
Principal Occupation		Name of Employer				
Marketing		Weill Cornell Med				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca is ass	andidate for a chief executive cociated with have a contract Yes No	e officer of a municipality with said municipality	, Amo	ount of Contribution	
Is this contribution associated with an Survey Surv			\$25.00			
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Orde	9/30/2021	\$125.00			
SUBT	TOT.	AL Section B — This	Page	\$225.0	0	
TOTAL	of a	additional Section B F	Pages			
TOTAL OF ALL CONTRIBUTIONS FROM		DIVIDUALS (Sections A		18,8	54	

Section B ADDITIONAL PAGE 113 of 126

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Caroline Simmons for	Mayor			Octob	October 10 filing			
A. Total Contributions from S (See instructions for definition of Small			this Period ONLY FOTAL SECTION A	\$	0.00			
	B. Itemized Con	ntril	butions from Indivi	duals	AK KE	AND STATE		
Last Name		I	First			MI		
Hoak			David					
Residential Street Address		City			State	Zip Code		
31 Pepper Ridge Place		Sta	mford		СТ	06905		
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 does contributor or business he/she valued at more than \$5,000?				y. Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a s No If yes, indicate which brain of government the contract	nch o	r branches	e contractor? ☐ Yes ☐ No ☐ Legislative		\$100.00		
Method of Contribution:			Date Received	Aggregate Contributions	=			
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Payroll Deduction Money	Orde	9/30/2021	\$185.00				
Last Name		F	First			MI		
Rosenberg		- -	Meira					
Residential Street Address		City			State	Zip Code		
52 Boulder Brook Drive		Sta	mford		СТ	06903		
Principal Occupation			Name of Employer					
Professor, Lawyer, Writer UConn, NCC, and self								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ■ No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amoi	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch o	or branches	e contractor? Yes No Legislative		\$100.00		
Method of Contribution:			Date Received	Aggregate Contributions	7			
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card □ Payroll Deduction □ Money	Orde	er 9/30/2021	\$175.00				
Last Name		T	First			MI		
Linares			Luis					
Residential Street Address		City			State	Zip Code		
38 North Main st Unit 3		Ess	sex		СТ	06426		
Principal Occupation			Name of Employer					
Real estate investor			Linares Realty Gr	oup LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ✓ Yes No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a c	andidate for a chief executive sociated with have a contract Yes No	e officer of a municipality with said municipality	y, Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative				\$1,000.00				
Method of Contribution:			Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card ☐ Payroll Deduction ☐ Money	Orde	er 9/30/2021	\$2,000.00				
	SUBT	гот	AL Section B — This	Page	\$1,200.0	00		
TOTAL of additional Section B Pages								
TOTAL OF	ALL CONTRIBUTIONS FROM (Enter total on Line		DIVIDUALS (Sections A column A of Summary Page	1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1	8, 85	, y		
				-				

Section B ADDITIONAL PAGE ______ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	.7			TYPE OF REPORT	i i	A. 5	gwylla ^A	
Caroline Simmons for Mayor				Octob	October 10 filing			
A. Total Contributions from Small Contributors-Recei			Period ONLY TAL SECTION A	\$	0.00)		
B. Itemized C	ontr		tions from Individ	duals	reni unita	Ya k		
Last Name Stein		First	avid				MI	
Residential Street Address	City	-			State	Zip	1	
83 Boulder Brook Drive	St	tamf	ord		СТ		06903	
Principal Occupation			Name of Employer					
Attorney			David Stein, Esq.					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$40 does contributor or business he/sl valued at more than \$5,000?	he is a	associa	ated with have a contract Yes No	with said municipality	Amo	unt o	f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of If yes, indicate which by of government the contributor apprincipal of If yes, indicate which by of government the contributor.	ranch	or br	anches	e contractor?		\$5	00.00	
Method of Contribution:			Date Received	Aggregate Contributions	-			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mon	ey Or	rder	9/30/2021	\$500.00				
Last Name	-	First					MI	
Goldberg		Ph	yllis					
Residential Street Address	City	у			State	Zip (Code	
168 Belltown Rd, Unit 16	St	tamf	ord		СТ		06905	
Principal Occupation		Ť	Name of Employer					
Office Assistant Hedgeye Risk Management								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/sl valued at more than \$5,000?	00 to a ne is a	a cand associa	idate for a chief executive ated with have a contract Yes No	e officer of a municipality with said municipality	Amo	unt o	f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of If yes, indicate which b of government the contributor apprincipal of If yes, indicate which be of government the contributor.	ranch	h or bi	ranches	e contractor? Yes No Legislative		\$2	25.00	
Method of Contribution:			Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mon	ey Or	rder	9/30/2021	\$45.00				
Last Name		First					MI	
Branca			arcella			Lai		
Residential Street Address	City	-			State	Zıp	Code	
5 Verplank Ave	st	tamfo			СТ		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 \$40 does contributor or business he/si valued at more than \$5,000?	00 to a	a cand associ	lidate for a chief executive ated with have a contract Yes No	e officer of a municipalit with said municipality	y, Amo	ount o	f Contribution	
TVs.			000.00					
Method of Contribution: □ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Mon	nev ∩•	- 1	Date Received 9/30/2021	Aggregate Contributions \$1,150.00				
					D4 505			
SUI	вто	TAI	Section B — This	Page	\$1,525.	.UU		
TOTA	AL o	of ad	ditional Section B I	Pages				
TOTAL OF ALL CONTRIBUTIONS FRO	OM I ne 13,	INDI'	VIDUALS (Sections A mn A of Summary Page	A + B) Totals)	8,5	81	1	

Section B ADDITIONAL PAGE 115 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-Receiv (See instructions for definition of Small Contributor)		this Period ONLY TOTAL SECTION A	\$	0.00		
B. Itemized Co	ntri	butions from Indivi	duals			
Last Name		First			MI	
Hendry		Debra				
Residential Street Address	City	-		State	Zip Code	
55 Nichols Ave	Sta	mford		СТ	06905	
Principal Occupation		Name of Employer				
retired		retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a c	candidate for a chief executive sociated with have a contract Yes No	e officer of a municipality with said municipality	, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch o	r branches	e contractor?		\$50.00	
Method of Contribution:		Date Received	Aggregate Contributions	7		
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Orde	er 9/30/2021	\$100.00			
Last Name		First			MI	
Kapasouris	-	Reischea				
Residential Street Address	City			State	Zip Code	
13 Ogden Road	'					
Principal Occupation		Name of Employer			J	
Homemaker		Homemaker				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a c	candidate for a chief executive sociated with have a contract Yes No	e officer of a municipality with said municipality	, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a fyes, indicate which brace of government the contral of government the go	anch c	or branches	te contractor? Yes No Legislative		\$20.00	
Method of Contribution:		Date Received	Aggregate Contributions	7		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Orde	er 9/30/2021	\$33.00			
Last Name	T	First		-	MI	
Lapine		Mark				
Residential Street Address	City			State	Zip Code	
171 Hardesty Rd	Sta	amford		СТ	06903	
Principal Occupation	-	Name of Employer				
Retired		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor?				\$1,000.00		
Method of Contribution:	_	Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Orde	er 9/30/2021	\$1,000.00			
SUB	тот	TAL Section B — This	Page	\$1,070. ———	00	
тота	L of	additional Section B l	Pages			
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line		DIVIDUALS (Sections A	A + B) Totals) \$ U	88	54	

Section B ADDITIONAL PAGE 116 of 126

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository,)		TYPE OF REPORT		i i ew jestisji		
Caroline Simmons for Mayor			Octob	October 10 filing			
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)		this Period ONLY TOTAL SECTION A	\$	0.00)		
B. Itemized C	ontr	ibutions from Indivi	duals	177			
Last Name		First			MI		
Rullman		Donald					
Residential Street Address	City			State	Zip Code		
100 Toms Road	Sta	amford		CT	06906		
Principal Occupation		Name of Employer					
Retired		Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/s valued at more than \$5,000?	00 to a the is as	candidate for a chief executive sociated with have a contract	e officer of a municipality with said municipality	, Amo	ount of Contribution		
Is this contribution associated with an Yes Is contributor a principal of		contractor or prospective stat	e contractor?		\$50.00		
event reported in Section L1? No If yes, indicate which b of government the cont			☐ Legislative		·		
Method of Contribution:		Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Mor	ney Ord	9/30/2021	\$125.00				
Last Name	_	First		_	MI		
Nolan Jr.		Robert					
Residential Street Address	City			State	Zip Code		
602 North Street	Gr	eenwich		СТ	06830		
Principal Occupation	_	Name of Employer					
Financier		Self employed. No	orth street capital l	LC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$40 does contributor or business he/s valued at more than \$5,000?	00 to a the is as	candidate for a chief executive sociated with have a contract Yes No	e officer of a municipality with said municipality	/, Amo	ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of If yes, indicate which be of government the contributor of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which is a principal	oranch		te contractor? ☐ Yes No ☐ Legislative		\$1,000.00		
Method of Contribution:		Date Received	Aggregate Contributions	7			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mor	ney Ord	ier 9/30/2021	\$2,000.00				
Last Name		First			MI		
Agatstein		Marlyn					
Residential Street Address	City			State	Zip Code		
600 Westover Road	Sta	amford		СТ	06902		
Principal Occupation		Name of Employer					
Retired		Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?				y, Amo	ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which be of government the contributor of government the contributor apprincipal of the section L1?	ranch	with: Executive	Legislative		\$25.00		
Method of Contribution:		Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mor	ney Ord	der 9/30/2021	\$25.00				
SU	втот	TAL Section B — This	Page	\$1,075.	.00		
TOTA	AL of	f additional Section B I	Pages				
TOTAL OF ALL CONTRIBUTIONS FRO	OM IN	NDIVIDUALS (Sections A	A + B) Totals) 4 48	, 85	5 4		
(Emer total on Lu	e 13, t	community of Gummany 1 age	/ / /	1			

Section B ADDITIONAL PAGE 117 of 126

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Caroline Simmons for Mayor			Octob	er 10 f	iling
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		this Period ONLY TOTAL SECTION A	\$	0.00)
B. Itemized Co		butions from Individ	duals		
Last Name		First			MI
Tang		Emily			
Residential Street Address	City			State	Zip Code
604 Hope Street, 1	Sta	amford		СТ	06907
Principal Occupation		Name of Employer			
Sr. Manager, D&I		Charter Communic	cations		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a c	candidate for a chief executive sociated with have a contract Yes No	with said municipality	Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contraction.	nch o	or branches	e contractor? Yes No Legislative		\$100.00
Method of Contribution:		Date Received	Aggregate Contributions	7	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Orde	er 9/30/2021	\$620.00		
Last Name		First			MI
Wolf		Robert			
Residential Street Address	City			State	Zip Code
9 Westerleigh Road	Pur	rchase		NY	10577
Principal Occupation		Name of Employer			7
finance		32 Advisors			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a c	candidate for a chief executive sociated with have a contract Yes No	e officer of a municipality with said municipality	Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a If yes, indicate which bra of government the contra	anch o	or branches	e contractor? ☐ Yes ☐ No ☐ Legislative		\$500.00
Method of Contribution:		Date Received	Aggregate Contributions	7	
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Orde	er 9/30/2021	\$1,000.00		
Last Name	П	First			MI
Amsellem		Marni			
Residential Street Address	City			State	Zip Code
30 Eliot Ln	Sta	amford		СТ	06903
Principal Occupation	1	Name of Employer			
healthcare					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of a section L1? If yes, list Event # Of government the contral section L1?	inch c	or branches	e contractor? ☐ Yes ☐ No ☐ Legislative		\$50.00
Method of Contribution:		Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Ord	er 9/30/2021	\$125.00		
SUB	тот	TAL Section B — This	Page	\$650.0	00
TOTA	L of	additional Section B P	ages		
TOTAL OF ALL CONTRIBUTIONS FROM		IDIVIDUALS (Sections A Column A of Summary Page		7, 8	54

Section B ADDITIONAL PAGE 118 of 26

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-Receive (See instructions for definition of Small Contributor)	\$	\$ 0.00					
B. Itemized Con	ntrib	utions from Individ	luals				
Last Name	Fir	rst	<u> </u>		MI		
Weller	City	Eva		State 15	Zip Code		
1	State Z	06903					
310 Wire Mill Rd.	U1	00903					
Principal Occupation							
Retired/volunteer community leader		retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	Amour	t of Contribution					
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a second reported in Section L1? If yes, list Event # No of government the contract of government the government the government the government the government of governme	nch or t	branches	e contractor?		\$50.00		
Method of Contribution:		Date Received	Aggregate Contributions	7			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	9/30/2021	\$50.00				
Last Name	Fir	rst			Mi		
Druckman	R	lobin					
Residential Street Address	State 2	Zip Code					
94 Fieldstone terrace		CT	06902				
Principal Occupation		Name of Employer					
retired		retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a can	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	/, Amour	t of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	e contractor? Yes No Legislative		\$100.00		
Method of Contribution:		Date Received	Aggregate Contributions				
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money	Order	9/30/2021	\$320.00				
Last Name	Fin	rst			MI		
Linares	- 1	Robin					
Residential Street Address	City			State	Zip Code		
38 North Main Street	Esse	эх		СТ	06426		
Principal Occupation		Name of Employer					
Realtor		William Pitt Sothe	bys				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	y, Amou	nt of Contribution					
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which bra of government the contra		\$1,000.00					
Method of Contribution:	1						
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money							
SUB	ТОТА	AL Section B — This	Page	\$1,150.0	0		
TOTAL	L of a	dditional Section B I	Pages				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)							

Section B ADDITIONAL PAGE 119 of 126

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor	TYPE OF REPORT						
Caroline Simmons for Mayor	October 10 filing						
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)	ceived SUI	this BTO	Period ONLY FAL SECTION A	\$ 0.00			
¥							
B. Itemized	Contr	ribut	tions from Individ	luals		zen exu	
Last Name Landman		First	red			N	MI
Residential Street Address	City	,			State	Zip Coo	
146 Clapboard Ridge Road	G	reen	wich		CT	(06831
Principal Occupation			Name of Employer				
Retired			Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of 3 does contributor or business he valued at more than \$5,000?	ne/she is a	issocia	ated with have a contract Yes No	with said municipality		ount of C	Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal If yes, indicate which of government the contributor apprincipal If yes, indicate which of government the contributor apprincipal Is contrib	h branch	tate contractor or prospective state contractor? Ich or branches t is with: Executive Legislative				\$1,00	00.00
Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ M	Money Or	der	9/30/2021	\$1,000.00			
Last Name		First				1	MI
Turco		Ga	гу				
Residential Street Address	City	у			State	Zip Co	
98 Williamstown Court	N-	ewin	gton		СТ	0	06111
Principal Occupation			Name of Employer				
State Representative			State of Connecti	cut			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of 3 does contributor or business he valued at more than \$5,000?	or dependent child of a lobbyist?						Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal If yes, indicate whic of government the c	ch brancl	h or b	ranches	☐ Legislative		\$25	5.00
Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ N	Money Or	rder	9/30/2021	\$25.00			
Last Name		Firs	t	//			MI
Luxenberg		Ge	eoffrey				
Residential Street Address	Cit	ty			State	Zip Co	
93 Plymouth Lane	M	1anc	hester		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 does contributor or business he valued at more than \$5,000?	f \$400 to he/she is	a cano associ	lidate for a chief executiviated with have a contract Yes No	re officer of a municipali with said municipality	ty, Am	iount of (Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative						\$10	00.00
Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ N	Money O	rder	9/30/2021	\$700.00	_		
	SUBTO)TA	L Section B — This	Page	\$1,125	5.00	
то	OTAL o	of ad	ditional Section B	Pages			
TOTAL OF ALL CONTRIBUTIONS F	FROM	INDI	VIDUALS (Sections mn A of Summary Page	A + B) \$14	8,8	54	

Section B ADDITIONAL PAGE 120 of 124

NAME OF COMMITTEE (Provide Complete Name as I	TYPE OF REPORT						
Capille simmons for	October 10 filing						
A. Total Contributions from Small	A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A						
	B. Itemized Con	ıtribu	itions from Indivi	duals	y) sini		
Last Name		Firs	Aviva			MI	
Budd		City	7) / 1 / 4		State	Zip Code	
Residential Street Address 315 00000 PNH WC	St	J.	tamford		C7	06902	
Principal Occupation Netred offeney	1		Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If condependent child of a lobbyist? No doe	ontribution is in excess of \$400 t s contributor or business he/she i and at more than \$5,000?	o a can	didate for a chief executive iated with have a contract Yes Mo	e officer of a municipality with said municipality	ty, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state contractor? No If yes, indicate which branch or branches						\$500	
If yes, list Event #	of government the contract	t is wid	Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card I	☐ Payroll Deduction ☐ Money	Order	9/30/21	\$500			
Last Name		Firs	telen			MI	
Residential Street Address	lo	City	701011		State	Zip Code	
119 Cove neck Roc			1 ster Bay		M	11771	
Principal Occupation			Name of Employer		**	11	
no retired			retired				
or dependent child of a lobbyist?	ontribution is in excess of \$400 t is contributor or business he/she is ued at more than \$5,000?	o a can is assoc	didate for a chief executive iated with have a contract Yes No	e officer of a municipality with said municipality	.y, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? No If yes, list Event #	Is contributor a principal of a s If yes, indicate which bran of government the contract	nch or l	oranches	te contractor? Ye	s	\$1000	
Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card I	☐ Payroll Deduction ☐ Money		9/30/21	\$ 2000		lva	
Last Name		Fir	Terald			MI	
Residential Street Address 13251 BUCKLAND Hall	, i	City SA	Louis		State	Zip Code (03131	
Principal Occupation			Name of Employer		111.0		
Chaiman 1000			8 cea				
or dependent child of a lobbyist?	contribution is in excess of \$400 to se contributor or business he/she used at more than \$5,000?	to a can	didate for a chief executive stated with have a contract Yes No	re officer of a municipality with said municipality	ty, Am	ount of Contribution	
Is this contribution associated with an event reported in Section L1? No If yes, list Event #	Is contributor a principal of a s If yes, indicate which bran of government the contract	ich or t	oranches h: Executive	te contractor?	s)	\$ (000	
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card	☐ Payroll Deduction ☐ Money	Order	Date Received	Aggregate Contributions			
	SUBT	ОТА	L Section B — This	Page	250	0	
	TOTAL	of ac	Iditional Section B	Pages			
TOTAL OF ALL	CONTRIBUTIONS FROM (Enter total on Line)	I IND	IVIDUALS (Sections a umn A of Summary Page	A + B) \$ 1 U	8,85	54	

Section B ADDITIONAL PAGE 121 of 126

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT			
Cardine symmons 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. Itemized Contributions from Individual				
Last Name Patrick	MI			
Residential Street Address 103 Kilhe DNH New Hope	State PA 738			
Principal Occupation Path Ot L Path Ot L	udia 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 does contributor or business he/she is associated with have a contract valued at more than \$5,000?				
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state of government the contract is with: Yes	Legislative P 1010			
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Aggregate Contributions			
Last Name Hardin First LN J	MI			
Residential Street Address 34 WILDER Rd South City Stamford	State Zip Code 0 6905			
Principal Occupation Name of Employer 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 does contributor or business he/she is associated with have a contract valued at more than \$5,000?	e officer of a municipality, with said municipality			
	Legislative No			
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ Q 22 2	Aggregate Contributions			
RICH First Thomas	M			
Residential Street Address 1 Rogers Road Stamford	State Zip Code O 6982			
Principal Occupation BUSINGS EXECUTIVE Name of Employer FORICH C	ompany			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	e officer of a municipality, with said municipality Amount of Contribution			
	☐ Legislative			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received 9 1 2 4 3 1	Aggregate Contributions			
SUBTOTAL Section B — This	Page \$ 2200			
TOTAL of additional Section B F	Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page				

Section B ADDITIONAL PAGE 100 of 106

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 F	eriod ONLY L SECTION A \$
B. Itemized Contribution	ons from Individuals
Last Name First	anign
Goldblum Residential Street Address City	State Zip Code
76 norm Lake Drive Sta	intord CT 06903
Principal Occupation Na	me of Employer
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate does contributor or business he/she is associated valued at more than \$5,000?	te for a chief executive officer of a municipality, a with have a contract with said municipality Yes No
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contract of some of government the contract is with:	tor or prospective state contractor?
Method of Contribution:	Received Aggregate Contributions
In:	1/11/21 \$1000
Last Name	rung
Residential Street Address City	mford State Zip Code O69 U3
Principal Occupation	stam-Balwickins company
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate does contributor or business he/she is associate valued at more than \$5,000?	Yes "No
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contra If yes, indicate which branch or branch of government the contract is with:	ches No Executive Legislative
Method of Contribution:	Aggregate Contributions 9[1/2]
Last Name First	Stephen
Residential Street Address City	am Roral State Zip Code CT 06903
243 Jonathan Dnre JT	
Trinospia Occupanosi	stambed demolition tender
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candid does contributor or business he/she is associated valued at more than \$5,000?	ate for a chief executive officer of a municipality, d with have a contract with said municipality Yes No
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contra If yes, indicate which branch or branch of government the contract is with:	ches
Method of Contribution:	te Received Aggregate Contributions Aggregate Contributions
SUBTOTAL S	Section B — This Page 93000
TOTAL of addi	tional Section B Pages
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIOUS (Enter total on Line 13, Column	DUALS (Sections A + B) A of Summary Page Totals) \$ 148, 854

Section B ADDITIONAL PAGE 23 of 126

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT					
Capline 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. Itemized Contributions from Indiv	iduals					
Last Name First	MI A.					
Kiplinger Knight	State Zip Code					
Residential Street Address 4101 Ablemaile St NW apt 646 Washin Sbr	DC 20016					
Principal Occupation						
Investor Is contributor a lobbyist, spouse, If contribution is in excess of \$400 to a candidate for a chief execution is executed by the executed						
or dependent child of a lobbyist?	t with said municipality					
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective statement of government the contract is with:	ate contractor? Pyes S/00 D e D Legislative					
Method of Contribution: Date Received	Aggregate Contributions					
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 9/30/2						
Last Name Koren	MI					
Residential Street Address 44 May Fair Lane City 6 relnmich	State Zip Code O 6831					
Principal Occupation Name of Employer	c k a k					
volunter homem						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief execution does contributor or business he/she is associated with have a contract valued at more than \$5,000?	t with said municipality					
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective st If yes, list Event # Is contributor a principal of a state contractor or prospective st If yes, indicate which branch or branches of government the contract is with:	ate contractor?					
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ Payroll Deduction □ Money Order □ Payroll Deduction □ Date Received □ Payroll Deduction □ Money Order □ Payroll Deduction □ Payroll Deduct	Aggregate Contributions					
Last Name First	MI					
Budd marty	17: 6:4					
Residential Street Address 215 Ocean Dnr West Staim-Brd	State Zip Code CT 06 902					
Principal Occupation Name of Employer	100.02					
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 execution does contributor or business he/she is associated with have a contributor or business he/she is a second or bus	ct with said municipality					
Is this contribution associated with an	ate contractor? DYes \$500					
event reported in Section L1? If yes, list Event # Of government the contract is with: Executive	e 🔲 Legislative					
Method of Contribution: □ Cash Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ 130/2 □	Aggregate Contributions					
SUBTOTAL Section B — Thi	12505					
TOTAL of additional Section B						
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)						

Section B ADDITIONAL PAGE 124 of 126

NAME OF COMMITTEE OF 11 Committee Name Project of Aside Pilius Propositional	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)							
caroline simmons for may or	October 10 Filing						
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$						
(See man actions for definition of Small Controllion)							
B. Itemized Contributions from Individual East Name	duals MI						
Wagner Bonits							
Residential Street Address 50 Glenbrook Road 126 City Stamford	State Zip Code C 0 6902						
Principal Occupation Name of Employer Neth red							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	with said municipality						
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state If yes, indicate which branch or branches of government the contract is with:	e contractor?						
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Aggregate Contributions						
TSIVALIDIS First L UZ	МІ						
Residential Street Address 5 DETM STYLL Stamford	State Zip Code CT 0 6905						
Principal Occupation Name of Employer Childrens 11	camins conter						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	e officer of a municipality, with said municipality						
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective stat If yes, indicate which branch or branches of government the contract is with:	te contractor? Yes No S 50						
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Aggregate Contributions						
Last Name Kiplinger First Ann	MI						
Residential Street Address 4101 Ablemarte St NW Washinston	State Zip Code DC 20016						
Principal Occupation Substitute teacher Name of Employer Horace M	ann flem school						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	e officer of a municipality, with said municipality Amount of Contribution						
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state. If yes, indicate which branch or branches of government the contract is with: Executive	e contractor?						
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ 130 21	Aggregate Contributions						
SUBTOTAL Section B — This Page \$ 10.75							
TOTAL of additional Section B Pages							
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page	A+B) \$148, 854						

Section B ADDITIONAL PAGE 135 of 126

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor	TYPE OF REPORT	TYPE OF REPORT			
caroline simmons for mayor	October 10 filing				
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)	ceived this Period ONLY SUBTOTAL SECTION A \$				
B. Itemized	Contributions from Individuals				
Last Name	First	I			
Bader	Chengl State Zip Code				
Residential Street Address 243 Jonathan Drive	Stam ford C7 06	903			
Principal Occupation	Fordham university				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of does contributor or business h valued at more than \$5,000?	\$400 to a candidate for a chief executive officer of a municipality, e/she is associated with have a contract with said municipality Yes No				
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal If yes, indicate which of government the contributor aprincipal If yes, indicate which of government the contributor aprincipal If yes, indicate which of government the contributor aprincipal If yes, indicate which of government the contributor aprincipal Is con	of a state contractor or prospective state contractor? Yes h branch or branches ontract is with: Executive Legislative	0			
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Method of Contribution:	Date Received Aggregate Contributions				
Last Name Pass at 0	First Francis Jr.	R			
Residential Street Address	City State Zip Code				
133 Joffre Ave.	Stanford CT 869	05			
Principal Occupation Singer / wnter	seif employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of does contributor or business h valued at more than \$5,000?	\$400 to a candidate for a chief executive officer of a municipality, le/she is associated with have a coptract with said municipality Yes No				
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of government the contributor apprincipal of government the contributor ap		1			
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ N					
Last Name	Ramani	П			
Residential Street Address Residential Street Address Residential Street Address	South Magn State Zip Cod MM 02	667			
Principal Occupation Chyld	Name of Employer VEAVE d				
Is contributor a labbuist spanse Ves If contribution is in excess of	\$400 to a candidate for a chief executive officer of a municipality, ne/she is associated with have a contract with said municipality Yes No	ontribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of government the configuration of government the configuration is set to be a section of government the configuration in the configuration of government the configuration is set to be a section of government the configuration in the configuration is set to be a section of government the configuration of governme		90			
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ N	Money Order Date Received Aggregate Contributions Aggregate Contributions				
	SUBTOTAL Section B — This Page \$ 2025				
то	OTAL of additional Section B Pages				
TOTAL OF ALL CONTRIBUTIONS I	FROM INDIVIDUALS (Sections A + B) Line 13, Column A of Summary Page Totals) \$ 148, 854				

Section B ADDITIONAL PAGE | 26 of |26

NAME OF COMMITTEE (Provide Complete Name	e as Registered with Filing Repository)			TYPE OF REPORT			
cardine simmons-fo	#						
	A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A						
	B. Itemized Con	ıtrib	outions from Indivi	duals		≅ "	
Last Name DO \ A M		F	Chanes				MI
Residential Street Address	d	City	Jyser Bay		State	Zip (771
Principal Occupation			Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	e officer of a municipality with said municipality	, Amo	unt of	f Contribution			
Is this contribution associated with an event reported in Section L1?		ch or	branches	e contractor? Yes No		F10	DO
If yes, list Event #	of government the contract	t 13 W1	Date Received	Aggregate Contributions	-		
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	ard □ Payroll Deduction □ Money	Order	9/20/21	\$2000			
Last Name		F	irst				MI
Residential Street Address	9	City			State	Zip C	Zode
Principal Occupation			Name of Employer		L		
					_		
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?	o a ca is asso	andidate for a chief executive ociated with have a contract Yes No	e officer of a municipality with said municipality	/, Amo	unt of	f Contribution
Is this contribution associated with an Yevent reported in Section L1?		nch or	r branches	te contractor?			
Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	ard Payroll Deduction Money						T. a
Last Name		F	First				MI
Residential Street Address		City			State	Zip (Code
Principal Occupation			Name of Employer			1	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a ca	andidate for a chief executive ociated with have a contract Yes No	with said municipality	y, Amo	unt o	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event #							
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☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	ard □ Payroll Deduction □ Money	Orde	r				=
	SUBT	ОТ	AL Section B — This	Page			
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) \$ 1 U8, 854							

NAME OF COMM	HTTPE On the Complete	- W Due	internal suit	h Filing Papasitos			TYPE OF REPORT			
	IITTEE (Provide Complete U \ IIIII のの		nou	1	<i>y</i> /		001 10 F	line		
Carpin	u yiiiiiio // i			ntribution	s from Ot	her Comm				
Name of Committee			<u> </u>	Mulbution	o nom ot	Name of Treasu				
Connec	hout Hea	Itnca	re D	ismet/	199					
Address Is this contribution associated with an event reported in Section L1? If yes, list Event #							?	Amount of Contribution		
City		Star	te	Zip Code 06(0)	Date Receive	/ed	Aggregate Contributions \$\(\begin{align*} \begin{align*} \delta \\ \delta \end{align*} \delta \\ \delta \end{align*} \delta \\ \delta \end{align*} \delta \\ \delta \end{align*} \delta \\ \delta \\ \delta \end{align*} \delta \\ \delta \\ \delta \end{align*} \delta \\ \delta \\ \delta \end{align*} \delta	\$1000		
Name of Committee	Lucal 47					Name of Treasu				
Address					Is this contrib	oution associate	d with an Yes No	Amount of Contribution		
1965	DIXUE	11 17	ent	C	event reporte	d in Section L1 If yes, li	? st Event #			
City	en	Sta		2ip Code 06518	Date Receive		Aggregate Contributions	11000		
Name of Committee Stank	ord firefig	Sinter.	o Pr	TO FW	nd	Name of Treasu	uer Ues Cackows	iki		
Address 629	main sh	ce t				d in Section L1	d with an Yes No ? st Event # Aggregate Contributions	Amount of Contribution		
Stami	Rord	Sta	te CT	Zip Code	Date Receive	ol 21	41205			
	C2 P	oimburs	omonts				other Committees			
Name of Committee	C2. N	eimburs.	ements	or Surpiu	3 Distribu	Name of Treasu				
Address					City	ii		State Zip Code		
Date Received	Expenditure # (if applicable)	Paymen		nt for shared exp	pense Su	ırplus Distribut	ion	Amount of Receipt		
Description	H T									
Name of Committee						Name of Treas	urer	Į.		
Traine of Committee										
Address					City			State Zip Code		
Date Received	Date Received Expenditure # (if applicable) Payment Type					Amount of Receipt				
Description	1	I								
				SUBTOT	TAL Section	n C — This	Page \$ 350	ົ		
			u <u>w</u> Ein	TOTAL of	f additional	Section C				
	TOTAL OF (Sections			TEE CONTR				150		
	,									

Section C1. ADDITIONAL PAGE / of /

NAME OF COMMIT	TEE Provide Complete N	ame as Registered w	ith Filing Reposi	tory)		TYPE OF REPORT	
Cawiir	y Simmon) for 1	newo			October 1	Alins
		C1. C	ontributio	ns fron	Other Com		
Name of Committee		10.0.3			Name of Trea		•
Democra	Its VICtory	PAC			ryvar	y lou Rinald	l
S6 Mar	ynout R	ood		Is this c	ontribution associa	ted with an ☐ Yes ☑ No .1? list Event #	Amount of Contribution
City Stamfor	HSVICTORY YMOLAT R	State	Zip Code		Received 1128 2	Aggregate Contributions	7 0 30
Name of Committee					Name of Trea	asurer	•
Address				Trac.			Amount of Contribution
Addices					ported in Section I	ted with an Yes No .1? list Event #	Amount of Contribution
City		State	Zip Code	Date	Received	Aggregate Contributions	1
Name of Committee					Name of Trea	asurer	
tvaine of Committee							
Address					ported in Section I	tted with an Yes No	Amount of Contribution
City		State	Zip Code	Date	Received	Aggregate Contributions	
	Co. D.:		a on Count	ua Diet	ibutions from	m other Committees	n Samuel Sansariants
Name of Committee	C2. Rei	mbursemen	s or Surpi	us Disti	Name of Trea		
Address				Cit	у		State Zip Code
Date Received	Expenditure # (if applicable)	Payment Type Reimburseme	ent for shared e	expense	☐ Surplus Distrib	ution	Amount of Receipt
Description							
Name of Committee					Name of Trea	asurer	
Address				Cit	y		State Zip Code
Date Received	Expenditure # (if applicable)	Payment Type Reimburse	ment for share	d expense	☐ Surplus Distr	ibution	Amount of Receipt
Description		1					
			SUBTO	TAL Se	ction C — Th	is Page \$ 6	750

I. MONETARY RECEIPTS (Sections A—K)

Page 5 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered wi	ith Filing Reposito	ry)			OF REPORT	
Camin immons for	00	Ochhel lo films				
	D. Loans	Receive	ed this Period			
Name of Lender			Source of Loan: Bank Cand	idate 🔲 Individ	ual Other	Date of Receipt
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)						Amount Received
Street Address	City			State	Zip Code	
Name of Lender			Source of Loan: Bank Cand	idate 🗌 Individ	ual Other	Date of Receipt
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)	•				•	Amount Received
Street Address	City			State	Zip Code	
Name of Lender	, Li		Source of Loan: Bank Cand	idate 🔲 Individ	ual Other	Date of Receipt
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? ☐ Yes ☐ No
Name of Cosigner/Guarantor (if applicable)				•	•	Amount Received
Street Address	City			State	Zip Code	
	78.72		TOTAL SECTI	ON D	<u> </u>	
E. Receipts from Entities other t	than Indivi	duals o	r Other Comn	nittees (Refer	endum Committe	es ONLY)
Name of Entity						
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Con	ributions	
Name of Entity			I.	ile Control		
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Cont	ributions	
Name of Entity				J		+
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Cont	Tibutions	
		1200	TOTAL SECTI	ONE	5	\cap

I. MONETARY RECEIPTS (Sections A—K)

Date of Receipt	Is this transaction assoc		☐ Yes	If yes, list Event #		Amount
	event reported in Sectio	n L1?	□ No			
		ag finite i		TOTAL SECTION	NF	
G. Amount T	ransferred from Affilia	ted Labor	Union o	r Other Organization		ry (Organization Committees ONLY)
Date of Receipt		Date of Receipt			Date of R	eceipt
	Amount		Amount			Amount
SI .						
				TOTAL OF CTION	C	
				TOTAL SECTION	9	
				TOTAL SECTION		
	H. Personal Funds of	the Candi	date Rec			ommittees ONLY)
Date of Receipt	H. Personal Funds of Method of payment:	the Candi	date Rec			ommittees ONLY) Amount
	Method of payment: ☐ Cash		date Rec	reived this Period <i>(Ca</i>	ndidate C	Amount
Date of Receipt Date of Receipt	Method of payment: Cash Method of payment:		Personal Cho	eived this Period (Ca	ndidate C	
Date of Receipt	Method of payment: Cash Method of payment: Cash			eived this Period (Ca	ndidate C	Amount Amount
Date of Receipt	Method of payment: Cash Method of payment:		Personal Cho	eived this Period (Ca	ndidate C	Amount
	Method of payment: Cash Method of payment: Cash		Personal Cho	eck Credit/Debi	ndidate C Card Card	Amount Amount
Date of Receipt Date of Receipt	Method of payment: Cash Method of payment: Cash Method of payment:		Personal Che	eck Credit/Debi	ndidate C Card Card	Amount Amount
Date of Receipt	Method of payment: Cash Method of payment: Cash Method of payment: Cash		Personal Che	ceived this Period (Co	Card Card	Amount Amount Amount

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.

SEEC FORWI 20 Revised January 2015	1. MONETARY RECEIPTS				Tage / OI I /
NAME OF COMMITTEE (Provide Complete			-	REPORT	F1 * 4
Canoline simmons				Der 10	filins
	J. Interest from Deposits in Author				
Name of Institution			Date Receiv	ved	Amount
Charact Address	City	Sta	te	Zip Code	
Street Address	City			Z.p couc	
Name of Institution			Date Receiv	/ed	Amount
Street Address	City	Sta	te	Zip Code	
	тот	AL SECTION	J		
K. N	Miscellaneous Monetary Receipts not Co	nsidered Con	tributi	ons	777.112
Name				of Transaction	Amount Received
0	City		State	Zip Code	
Street Address	City				
Description					
			Date	of Transaction	
Name					Amount Received
Street Address	City		State	Zip Code	
Description					
Name			Date	of Transaction	Amount Received
			I 84 44	7:- C-4-	
Street Address	City		State	Zip Code	
Description					
			In.	CT - 17.	
Name			Date	of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description					
	TOTAL	SECTION K			
SUMMA	ARY OF OTHER MONETARY RECEI	PTS (Sections	S D thr	ough K)	
Total Loans Received this Period (So	ection D)				
Total Receipts from Entities other th	an Individuals or Other Committees (Section E)		+		
Total Amount Transferred from Aff	iliated Business Treasury (Section F)		+		
Total Amount Transferred from Aff	iliated Labor Union or Other Organization Treas	sury (Section G)	+		
Total Amount of Personal Funds of t	the Candidate Received this Period (Section H)		+		
Total Amount of Interest from Depo	sits in Authorized Accounts (Section J)		+		
Total Miscellaneous Monetary Recei	ipts not Considered Contributions (Section K)		+		
The second secon		er Monetary			0

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
carring umman to mayor		Ochoner 1	Klips	
L1. Even	t Information			
Event # Date of Event G112121 Description Description Description Description Description	THE FOR Carolin	ני שותוון איני	Was this a fun ✓ Yes	draising event?
Location: Street Address 35 Dun (an Dn) C	Greenmen		State	Zip Code 0683
Subpart 1: (All Committees) Was this event hosted at a personal residence?		5 In-Kind Donations no use Party and complete t(s) for food, beverage an	required infor	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes (If yes, go to Section L and complete required No		ot Considered (Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	☐ Yes (If yes, enter Total Rec		\$	
Subpart 2: (Party Committees, Municipal Candidates and Political Community Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	☐ Yes (If yes, go to Section L.	Committees) 3 Purchases of Advertise plete required information		Program Book
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	☐ Yes (<i>If yes</i> , enter Total Rec	eipts here.)	\$	
Event # Date of Event Letter 10/12/21 4 NOUN PAIN For Capill	IN JIMMONT		Was this a fun	draising event?
Location: Street Address 20 Bobolink Lane	Oreenmich		State	Zip Code 06830
Subpart 1: (All Committees) Was this event hosted at a personal residence?		5 In-Kind Donations no use Party and complete t(s) for food, beverage an	required inform	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes (If yes, go to Section L and complete required No		ot Considered (Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	☐ Yes (If yes, enter Total Rec		\$	
Subpart 2: (Party Committees, Municipal Candidates and Political Comm Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	☐ Yes (<i>If yes</i> , go to Section L:	Committees) 3 Purchases of Advertisplete required informat		Program Book
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	☐ Yes (If yes, enter Total Reco	eipts here.)	\$	
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items —	This Page		
	ion L1—Subpart 3 <i>(Town Commi</i> tipts from Food Purchases —			
	TOTAL of additional Section	L1 Pages		
	IPTS FROM SMALL PUI Line 16a, Column A of Summary		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	(Provide Complete Name as Registere	ed with Filing Reposito	en)	TYPE OF F	REPORT		
NAIME OF COMMITTEE	1 Tovide Complete Name as Registere	ed with I thing Reposito	(7)				
Production of the second	I 2 Durchasa	of Advortisis	ng in a Progra	m Book or on a Sign	100		
N f Dl.	L3. Purchases	s of Auvertisii	ig in a r rogra	III DOOK OF OH A SIGH		chase Made By:	
Name of Purchaser						Business Entity	☐ Other
						Individual/Sole P	
Street Address			City			State	Zip Code
Street Address			City			State	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad P	urchase	Amount of Si	gn Purchase
					Dura	chase Made By:	
Name of Purchaser						Business Entity	☐ Other
						Individual/Sole P	_
0			City			State	Zip Code
Street Address			City			State	Z.p cout
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad P	urchase	Amount of Si	gn Purchase
					Dur	chase Made By:	15
Name of Purchaser						Business Entity	☐ Other
					- 1	Individual/Sole P	
G			City			State State	Zip Code
Street Address			City			Biate	LAP COUL
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad P	urchase	Amount of Si	gn Purchase
					l Duri	chase Made By:	
Name of Purchaser					- 1	Business Entity	☐ Other
					- 1	Individual/Sole P	_
G			City		10	State	Zip Code
Street Address			City			State	J.p cous
				101			
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad P	urchase	Amount of Si	gn Purchase
					Dise	chase Made By:	
Name of Purchaser					- 1	Business Entity	☐ Other
						Individual/Sole F	
Street Address			City			State State	Zip Code
Street Address			City			Julia	
	.,				-		
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad P	urchase	Amount of Si	gn Purchase
				L			
	SUBTOTAL Section L3 To	otal Purchases of	Advertising in F	Program Book — This Pa	ge		
	SUBTOTAL Secti	on L3 Total Purc	chases of Adverti	sing on a Sign — This Pa	ge		
			TOTAL of	additional Section L3 Pag	es		
TOTAL	L OF ALL PURCHASES O	F ADVERTISIN	IG IN A PROGR	AM BOOK or ON A SIG A of Summary Page Total	(N		
		(Enter total on	Line 10c, Column	A of Summary Fage Total	3/1		

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTE	E (Provide Complete Name a	s Registered with Filing Repos	itory)	TYPE OF RE	PORT		
	I SALESSIIE Y	In Kind Donation	e Not Cons	dered Contributions			
Name of Donor	LA	. III-Kiild Dollatioi	is Not Colls	dered Contributions			
			City			State	Zip Code
Street Address			City			State	Zip Code
Donation Given By: ☐ Business Entity	Description of Donation				Fair	Market Va	lue of Donation
☐ Individual ☐ Sole Proprietorship	Date Received	Event#		Aggregate Value for this Event			
Name of Donor	•	'		•			
Street Address			City			State	Zip Code
Donation Given By: ☐ Business Entity	Description of Donation				Fair	Market Va	lue of Donation
☐ Individual ☐ Sole Proprietorship	Date Received	Event #		Aggregate Value for this Event			
Name of Donor	•	•					
Street Address			City			State	Zip Code
Donation Given By: ☐ Business Entity	Description of Donation				Fair	Market Va	lue of Donation
☐ Individual ☐ Sole Proprietorship	Date Received	Event #		Aggregate Value for this Event			
Name of Donor				- 11			
Street Address			City			State	Zip Code
Donation Given By: Business Entity	Description of Donation				Fair	Market Va	lue of Donation
☐ Individual ☐ Sole Proprietorship	Date Received	Event #		Aggregate value for this Event			
		st	BTOTAL Sec	tion L4 — This Page			
P. H.		то	TAL of addition	nal Section L4 Pages			
то	FAL OF ALL IN-KIN	D DONATIONS NOT ((Enter total on Line 2)	CONSIDEREI I, Column A of S	CONTRIBUTIONS Jummary Page Totals)			

NAME OF COMMITTEE (Pr	ovide Complete Name as Registered with Filing Reposit	ary)		TYPE OF REI	PORT	
	simmons for may			OC tobe	110-	Filins
L5.	In-Kind Donations Not Considere	ed Contributions Associa	ted with a H			
Name of Host LAUY G CI			Is this event s committee?	supporting mo	ore than or	ne candidate or
Street Address 35 DUN CO		City Greenmen			State CT	Zip Code
Description of Donation FODD # Event # 6	Nevera Sej Rr e Aggregate Value of this Event—all hosts	Wnt gusts Aggregate Value of all Events—this h	ost/candidate		ket Value	of Donation
3	\$ 400					
Name of Host Sur Mai	notel		committee?	supporting mo Yes No mplete Itemiza	0	ne candidate or
Street Address 20 Bdol	int cane	City Greenmeh			State	Zip Code
Description of Donation	city V			Fair Mar	ket Value	of Donation
Event # 4	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate	4	400	
Name of Host			committee?	supporting mo	0	ne candidate or
Street Address		City	1	•	State	Zip Code
Description of Donation				Fair Mai	rket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	nost/candidate			
Name of Host			committee?	supporting manager Yes Normalete Itemiza	o	ne candidate or
Street Address		City			State	Zip Code
Description of Donation				Fair Mai	rket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this	host/candidate			
		SUBTOTAL Section L5 —	This Page	\$ 8	05	
	Т	OTAL of additional Section	L5 Pages			
TOTAL C ASSOCIATED WITH	F ALL IN-KIND DONATIONS NOT A HOUSE PARTY (Enter total on L	T CONSIDERED CONTR ine 22, Column A of Summary	IBUTIONS Page Totals)	\$	800	

III. NONMONETARY RECEIPTS (Sections M—O)

Page 12 of 17

Revised January 2015	1. 110	1111101	NE LAIN	INEC		11 15 (Section					
NAME OF COMMITTEE (Provide Complete	Name as Re	gistered with	Filing Repository,)			TYPE O	F REPO	RT	80.00	
			M. In-Ki	nd Cont	4	hutions		-	W 7	W- 1 1	
Name			WI. III-KI	na Con	LII	Dutions					
A 1880											
Street Address					City					State	Zip Code
Type of contributor: Committee	Date Recei	ved	Aggregate Conti	ributions		Description of In-Kind (Contribution	1			
☐ Individual / Sole Proprietorship ☐ Other	If contri	hution is in	excess of \$400	to a candid	ate	for a chief executive of	fficer of a	municin	ality.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does cor	ntributor or late than	business he/she	is associate	ed v	vith have a contract wit	h said mu	micipalit	y ,		Iarket Value Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ☐ No	If yes,	itor a principal of indicate which trimment the cont	branch or	bra	actor or prospective stanches Executive			□Yes □No		
Name											
Street Address					City					State	Zip Code
	D + B	.,	IAt- Cont	eibutions.	L	Description of In-Kind (Contribution				
Type of contributor: ☐Committee ☐Individual / Sole Proprietorship ☐Other	Date Recei	vea	Aggregate Conti	ributions		Description of m-Kind C	.onu ioution				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	ribution is in ontributor or at more that	business he/she	to a candi e is associa	ted	e for a chief executive of with have a contract w Yes No	officer of a	a munici unicipali	pality, ity		Market Value Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ☐ No	If yes,	tor a principal of indicate which mment the cont	branch or	bгa	actor or prospective stanches Executive			□Yes □No		
Name											
Street Address					City					State	Zip Code
Type of contributor: ☐Committee ☐Individual / Sole Proprietorship ☐Other	Date Rece	ved	Aggregate Cont	ributions		Description of In-Kind (Contribution	n			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	ribution is ir ontributor or at more than	business he/sh	to a candi e is associa	ted	e for a chief executive of with have a contract w	officer of a	a munici unicipal	pality, ity		Market Value Contribution
Is this contribution associated with an event reported listed in Section L1?		Is contribu	tor a principal o	branch or	ontra bra	actor or prospective sta			□ Yes □ No		
If yes, list Event #		of gove	rnment the cont	7 51	-	☐ Executive		ative			
			SUB	TOTAL	Sec	tion M — This Pag	e				
			TOTA	L of addi	itio	nal Section M Page	s				
TOTAL OF ALL IN-KIND CON	TRIBU'	TIONS (E	Enter total on Lli	ne 23, Colu	mn.	A of Summary Page To	tals)				
	N	. Refun	dable Depo	sit to T	ele	phone Compan	у		U:T	J. 13	
Last Name of Individual				First				ľ	IIv	Date Depos	t Made
Residential Street Address			City				State	Zip Co	de		Amount of Deposit
Name of Telephone Company								V			
Street Address			City				State	Zip Co	de	-	
										4	
TOTAL SI	ECTION	N (Enter	total on Line 2	4, Column	A	of Summary Page Tota	ls)				

SEEC FORM 20

IV. EXPENDITURES (Sections P-T)

Page 13 of 17

NAME OF COMMITT	TEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
canolin	e simmons or mayor	October 10	filins
	P. Expenses Paid by Committee		
CV1	14 marrone	Date of Payment 9/14/2/	Method of Payment: ☑ Check #36 2 ☐ Debit Card ☐ EFT
Street Address	E 9 St Elm Street Greeninch		State Zip Code CT 06830
Purpose of Expenditure (by code)	Ptld operations. Event #	\$	Amount
Expenditure # (if applicable)		A OB OC OD	\$1500
	tn neal	Date of Payment	Method of Payment: Check #
Street Address 1622	Parminston Avan Unionnia		State Zip Code CT 66085
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. None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: O) AOBOCOD	
Name of Payee		Date of Payment	Method of Payment:
	n Gillettl		☐ Check # Debit Card ☐ EFT
Street Address	. Yanonali St. Santa Banda	ara	State Zip Code 93/0/
Purpose of Expenditure (by code)	Description CONJULTIN 5 refainer Event#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked	ed)	82000
	□ None of the below □ Coordinated with reimbursement sought (joint expenditure) □ Independent □ Coordinated without reimbursement sought (in-kind contribution) □ Organization: o	A O B O C O D	
Name of Payee	501	Date of Payment 9/21/21	Method of Payment: ☐ Check # Debit Card ☐ EFT
Street Address	idiana Avenue Stambord		State Zip Code O 6906
Purpose of Expenditure (by code) A - NCW J	Description PNM GOVINGING Event #	•	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked. None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization:	d)	700
	SUBTOTAL Section P — This	Page Q	8700
	TOTAL of additional Section P P	ages	
	TOTAL OF ALL EXPENSES PAID BY COMMIT (Enter total on Line 19, Column A of Summary Page T	TEE 5365	548,07

SEEC FORM 20

Section PADDITIONAL PAGE

10 F 37

Revised January 2015	Dection 1 1xDD11101112				
NAME OF COMMITT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
Camline	immons for mayor		October 10	Glins	
Caronia					
N. CD.	1. Expenses	Paid by Committee	Date of Payment	Method of Payment:	
Name of Payee	11 10 000 -0-1			☐ Check #	
Half A	oll Brewlry		99121	☑ Debit Card ☐ EFT	
Street Address		City		State Zip Code	
112 40	1,1,1, N	Stamford		107 10/022 1	
43 HUNU	1sted Avenue	3)41111044		CT 06982	
Purpose of Expenditure	Description		Event #	Amount	
(by code)	primary nishr deposit				
F000	<u> </u>			+ 25.	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is o	checked)	\$ 250	
(у арупсынсу	None of the below				
	☐ Coordinated with reimbursement sought (joint expenditure				
	☐ Coordinated without reimbursement sought (in-kind contri	bution)	Date of Payment	Method of Payment:	
Name of Payee			1	Check #	
Haif Fi	ull Brewery		9/22/21	Debit Card DEFT	
Street Address		City	!	State Zip Code	
112 40	and street 10 man	Stumfora	1	CT 06902	
43 H	imestrad Avenue	o lo rimora		00142	
Purpose of Expenditure	Description		Event #	Amount	
(by code)	Primary Might				
FOOD				ا معرووالم	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und	less "None of the below" is c	checked)	4 1,185.10	
	None of the below				
	☐ Coordinated with reimbursement sought (joint expenditure)☐ Coordinated without reimbursement sought (in-kind contri				
Name of Payee	Coordinated without reinfoursement sought (in-kind contri	Organizat	Date of Payment	Method of Payment:	
,			,	1 Check # 9 367	
LIMSEL	y mulholland		9/17/21	☐ Debit Card ☐ EFT	
Street Address		City		State Zip Code	
542 W	142nd st. Apt 2	new yon	(.	NY 10031	
12 00		1	Event #		
Purpose of Expenditure (by code)	Description		Event #	Amount	
CNSLT	Freld and fundraisins				
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	iless "None of the below" is	checked)	\$1,750	
(if applicable)	☑ None of the below	·			
	☐ Coordinated with reimbursement sought (joint expenditure	re) 🔲 Indepen	dent		
	☐ Coordinated without reimbursement sought (in-kind cont		ation: OA OB OC OD		
Name of Payee			Date of Payment	Method of Payment:	
Undsey	mulholland		9/17/21	□ Check # 3 6 6	
Ü		Cit.	1 1, 1, 5,	☐ Debit Card ☐ EFT State Zip Code	
Street Address	- 1	City	α		
542 W	142 nd St Apt 2	hew Yor	K	MY 10031	
Purpose of Expenditure	Description		Event #	Amount	
(by code)	Field , fundraising				
CNSLT	TICKET TONKE CHATES]	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is	checked)	1 \$1,750	
(if applicable)	None of the below			''	
	☐ Coordinated with reimbursement sought (joint expenditur				
	☐ Coordinated without reimbursement sought (in-kind contr	ibution)	tion: OA OB OC OD		
	7 s	UBTOTAL Section P —	This Page \$ 4	935.10	
	то	TAL of additional Section	on P Pages		
	TOTAL OF ALL EXPE	NSES PAID BY COM	IMITTEE \$30,5	48.07	
	(Enter total on Line	19, Column A of Summary	rage Totals)		

Section PADDITIONAL PAGE 82 of 87

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	821 8-10 (49.11)	TYPE OF REPORT				
Captial) mmon by mayor		OGHoner 10	Alina			
P. Expenses Paid by Committee						
Name of Payee		Date of Payment	Method of Payment: ☑ Check #371			
Lindsty Mulholland Street Address	City Mulholland 9/27/21					
542 W. 142nd St Apt 2	new York		State Zip Code Y U031			
Purpose of Expenditure (by code) CNSCT Kurdranns t field	Event	#	Amount			
Expenditure # Type of Expenditure (Itemization in Addendum P Required un	tless "None of the below" is checke	(d)	41750			
(if applicable)	<u>.</u>	A OB OC OD				
Pame of Payee Accurate mailing services		Pate of Payment 9 18 121	Method of Payment: ☐ Check # BG ☐ Debit Card ☐ EFT			
Street Address 123 Union City Road	Prospect		State Zip Code CT 06717			
Purpose of Expenditure Description (by code) POSTAGE FOR MCILLER	Event #	#	Amount			
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is checked	d)	\$3, 471.22			
☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contri		A O B O C O D				
Shella Payne	I go	9/14/2	Method of Payment:			
100 Ublity Street	Stamford		CT 06902			
Purpose of Expenditure (by code) ONSUT POIL STANDING	Event #	#	Amount			
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required u. None of the below Coordinated with reimbursement sought (joint expenditure)		ed)	\$210			
Coordinated with reimbursement sought (in-kind cont		AOBOCOD				
Name of Payee Clarice Wilson		Pate of Payment 9/14/21	Method of Payment:			
Street Address 41 Virgil St. 2nd Froot	Stant ford		State Zip Code 0 6 9 0 2			
Purpose of Expenditure (by code) CNSLT POIL Standun S	Event	#	Amount			
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is checke	ed)	\$ 210			
☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditur ☐ Coordinated without reimbursement sought (in-kind control		A OB OC OD				
	SUBTOTAL Section P — This	Page \$5,6	,41. 22			
TOTAL of additional Section P Pages						
TOTAL OF ALL EXPE	NSES PAID BY COMMIT e 19, Column A of Summary Page	TTEE \$36,548	۲۵. ۵			

Section P ADDITIONAL PAGE 43 of 77

Revised January 2015	Section 1 ADDITIONAL	BIIIGE	01	
NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
rapline	SIMMERS LOYMUNOS		October 10	hlina
		Paid by Committee	jiva Trinji - Balis,	
Name of Payee			Date of Payment	Method of Payment:
Page m	any Forth		9/14/21	Check #_359
	447	Lo:	11.1101	Debit Card DEFT
Street Address		City City		State Zip Code
8 WOO	dland Place	stamford		CT 0690Z
Purpose of Expenditure	Description	Ever	nt#	Amount
(by code)	ROU Standing			
CNSLT				ا ا
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is check	ked)	\$210
	None of the below Coordinated with reimbursement sought (joint expenditure	e) Independent		
	Coordinated with reimbursement sought (in-kind contri		ол ов ос о в	
Name of Payee		CALLED TO STATE OF THE STATE OF	Date of Payment	Method of Payment:
anita	mc Ados		9/13/21	□ Check # 36S
	11101000	City	1117101	Debit Card DEFT State Zip Code
Street Address		City		'
108 TI	berry St.	Stumford		C7 06902
Purpose of Expenditure	Description	Even	t#	Amount
(by code)	Poll Handins			
		less "Nove of the holow" is ahad	rad)	\$ 250
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required uni	less None of the below is check	ieu)	0.00
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) Independent		
	☐ Coordinated without reimbursement sought (in-kind contri		OA OB OC OD	
Name of Payee			Date of Payment	Method of Payment:
Kiuana	marsh		9/14/21	☐ Check #3 6 0 ☐ Debit Card ☐ EFT
Street Address		City	<u> </u>	State Zip Code
	orchard St.	Greenmich		CT 06830
	010110101 875			01 100,20
Purpose of Expenditure (by code)	Description	Even	IL TF	Amount
CNSLT	poil standins			
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is chec	cked)	\$210
(if applicable)	□ None of the below			
	☐ Coordinated with reimbursement sought (joint expenditu			
	☐ Coordinated without reimbursement sought (in-kind cont	Organization:	Date of Payment	Method of Payment:
Name of Payee	× 6 0 1 0 5			12 Check # 3 (o)
Dons	manies		9/14/21	☐ Debit Card ☐ EFT
Street Address		City		State Zip Code
52 Sto	one St.	stamford		CT 06902
Purpose of Expenditure		Ever	nt#	Amount
(by code)	Description			Amount
ONSLT	Poll Standins			\$ 210
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is chec	ked)	4 210
(if applicable)	None of the below			
	☐ Coordinated with reimbursement sought (joint expenditur		04 0 B 0 C 0 B	
			OA OB OC OD	0.5
		SUBTOTAL Section P — Th	is rage bg	080
X X X X X X X X X X X X X X X X X X X	то	TAL of additional Section P	Pages	
	TOTAL OF ALL EXPE	NSES PAID BY COMMI	TTEE \$ 34, SU	18.157
51 500 8	(Enter total on Line	2 19, Column A of Summary Page	e Totals)	10 1 0 7

Section PADDITIONAL PAGE ______ of _________

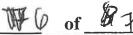


NAME OF COMMITT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
camline	simmons for mayor		October 10	Alina
C S IZITIA		Paid by Committee		j
Name of Payee			Date of Payment	Method of Payment:
Tommi	t Jackson		9/1/21	☐ Check # 35 ☐ EFT
Street Address	7 (1.6)	City	1 4	State Zip Code
	are mill road	stamford		C7 06903
Purpose of Expenditure	Description	Ev	vent #	Amount
(by code)	campaign statecy			d (
Expenditure #	Type of Expenditure (Itemization in Addendum P Required uni	less "None of the below" is che	ecked)	\$ 6,000
(if applicable)	None of the below			·
	☐ Coordinated with reimbursement sought (joint expenditure ☐ Coordinated without reimbursement sought (in-kind contril			
Name of Payee	Coordinated without reinibulsement sought (m-kind contin	Urganization	Date of Payment	Method of Payment:
Danhar	el Cordina		9/14/21	☑ Check #_355
	, Cordina		19/19/21	☐ Debit Card ☐ EFT
Street Address	30.6.5	City		State Zip Code
35 LU	ngriew Avenue	Stamford		CT 0690S
Purpose of Expenditure	Description	Ev	vent #	Amount
(by code)	field outreach			
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unl	less "None of the below" is che	ecked)	\$ 1200
(if applicable)	☐ None of the below			1 '
	☐ Coordinated with reimbursement sought (joint expenditure)☐ Coordinated without reimbursement sought (in-kind contrib		кол ов ос ор_	
Name of Payee	Coordinated William Fernions Stages (In this stages)	- Organization	Date of Payment	Method of Payment:
S .	Decausey		9/17/21	☑ Check #364_
Bhan	17 2 200 7 9	City	117101	Debit Card DEFT State Zip Code
Street Address	perty St #1FL	Ctambool		CT 06902
Purpose of Expenditure	Description	S ICCITITIONS	vent #	Amount
(by code)	Poll Standins			
CNILT				\$250
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	ıless "None of the below" is ch	necked)	4230
	 ☑ None of the below ☑ Coordinated with reimbursement sought (joint expenditure) 	re)	nt	
	Coordinated with reimbursement sought (in-kind contr		on: o A o B o C o D	
Name of Payee			Date of Payment	Method of Payment:
Raphoel	Cordina		9/11/21	☐ Check #_370 ☐ Debit Card ☐ EFT
Street Address	Coloring	City		State Zip Code
	ISVIEU Avenue	Stamford		CT 06905
	Y		vent #	A
Purpose of Expenditure (by code)	Description	E	VOIL II	Amount
CNSU	field outreach			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is ch	ecked)	\$ 1260
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure	e) 🔲 Independer	nt	
	Coordinated with reimbursement sought (in-kind contri	,	n: o A o B o C o D	
	s	UBTOTAL Section P — T	This Page \$ 8,	(450
	то	TAL of additional Section	P Pages	
	TOTAL OF ALL EXPE	NSES PAID BY COMN		48.67

Section P ADDITIONAL PAGE 5 6 of 7 18

Revised January 2015	Section 1 ADDITIONA	DITTOL - W	Lange of Depond	
	TEE (Provide Complete Name as Registered with Filing Repository)	52 A 1 5 Kg 3 III, 180	TYPE OF REPORT	0 (1 - (
				ofiling
	P. Expenses	Paid by Committee		
Name of Payee		- 0	Date of Payment	Method of Payment: Check #
Heal	rst - Connecticut Po	24	9/ /21	Debit Card DEFT
Street Address		City		State Zip Code
3111 M	ernt 7 Suite 1	norwalk		CT 06851
Purpose of Expenditure	Description		ent #	Amount
(by code)	digital advertising			11
A-WEB				41200
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is chec	cked)	\$1300
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure	e) Independent		
	Coordinated with reimbursement sought (in-kind contri		OA OB OC OD	
Name of Payce			Date of Payment	Method of Payment:
Politic	al marketing internation	nal	940	☐ Check # ☐/Debit Card ☐ EFT
Street Address	THE THE PERSON OF THE PERSON O	City		State Zip Code
1 4415	Combbitmen and	marianna		FL 32417
			ent #	
Purpose of Expenditure (by code)	Phone (all program	l l		Amount
A-PH-BNIC				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is chec	rked)	310
(ly appricanc)	□ None of the below	Independent		
	Coordinated with reimbursement sought (joint expenditure	· - ·	OA OB OC OD	
Name of Payee	_		Date of Payment	Method of Payment:
91002	to Win			☐ Check # ☑ Debit Card ☐ EFT
Street Address	10 1	City		State Zip Code
	- Harper St.	Santa And	Ŷ.	(A 92703
	· · · · · · · · · · · · · · · · · · ·		ent #	0.,
Purpose of Expenditure (by code)	Description		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Amount
A-PH-BIVIL	text messaging			0 112 22
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u.	nless "None of the below" is cho	ecked)	9 110.23
(9 4) 41111111111111111111111111111111111	☑ None of the below ☐ Coordinated with reimbursement sought (joint expenditu	re)	t	
	Coordinated with reimbursement sought from expenditu		n:OA OB OC OD	
Name of Payee			Date of Payment	Method of Payment:
GPT TV	m		9/16/21	☐ Check # ☐ Debit Card ☐ EFT
Street Address	II VI	City		State Zip Code
DO BOX	2690	alameda		CA 94501
			ent#	
Purpose of Expenditure (by code)	Description COLL STIME	l Ev	one	Amount
A-A-H-BINK	phone call service			20
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is che	cked)	\$ 118. 25
(у арупсине)	☐ None of the below	Indonordan	•	
	☐ Coordinated with reimbursement sought (joint expenditure)☐ Coordinated without reimbursement sought (in-kind control contro		OA OB OC OD	
		SUBTOTAL Section P — T		. 48
	то	TAL of additional Section	P Pages	
		NODO DATO DE CORO	HETER 40: Z	19 13
	TOTAL OF ALL EXPE (Enter total on Lin	NSES PAID BY COMM e 19, Column A of Summary Pa	ge Totals) \$36, 51	48.07

Section PADDITIONAL PAGE W of 87



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					
(Cliptine Simmon) for mayor	October 10	hlins			
P. Expenses	Paid by Committee				
Name of Payee		Date of Payment	Method of Payment:		
LUPS		9/28/21	□ Check #		
	City		Debit Card EFT State Zip Code		
Street Address 1127 High Ridge Road	Stamford		CT 06905		
D CF liture Description	Event #	ļ	Amount		
(by code) POST Mailins fees.	/				
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unit	less "None of the below" is checked	d)	\$ 32.78		
☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure ☐ Coordinated without reimbursement sought (in-kind contri	Fig. 19.00 - 0.0 -	A OB OC OD			
Name of Payee		Date of Payment	Method of Payment: Check #		
Arredot		9/6-9/21/21	Debit Card DEFT		
Street Address	City		State Zip Code		
1340 poydras St.	new onear	J7	LA 70112		
Purpose of Expenditure Description	Event #		Amount		
(by code) semu charse for who d			#		
Expenditure # Type of Expenditure (Itemization in Addendum P Required unit (f applicable)	less "None of the below" is checked	<i>i</i>)	\$5,494.46		
☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure	Independent				
Coordinated with retinbut sement sought (in-kind contri		A OB OC OD			
Name of Payce		Date of Payment	Method of Payment:		
constant contact			☐ Check # ☐ Debit Card ☐ EFT		
Street Address	City		State Zip Code		
1601 Trapelo Road	waltham		MA 02451		
Purpose of Expenditure Description	Event #	ŧ	Amount		
WEB Seme charse					
Expenditure # Type of Expenditure (Itemization in Addendum P Required un	nless "None of the helow" is checke	ed)	47.86		
(if applicable) None of the below	tiess Trone of the boton to endone		91.00		
Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control c		A OB OC OD			
Name of Payee		Date of Payment	Method of Payment:		
Basecamp		9/29/21	☐ Check #		
	City	.,,,,,	☐ Debit Card ☐ EFT State Zip Code		
2045 W. Grand Ave. SteB	Chicago		160612		
Purpose of Expenditure Description	Event :	#	Amount		
Purpose of Expenditure (by code) WED STMU CHAYSE For CONT	Non Cation		1-5-0-0		
Expenditure # Type of Expenditure (Itemization in Addendum P Required un	iless "None of the below" is checke	ed)	05.29		
□ None of the below) Indonesiast				
☐ Coordinated with reimbursement sought (joint expenditur ☐ Coordinated without reimbursement sought (in-kind contr		A O B O C O D			
S S	SUBTOTAL Section P — This	Page \$ 5 6	80.39		
то	TAL of additional Section P P	ages			
TOTAL OF ALL EXPE	NSES PAID BY COMMIT	TEE \$3(4,5)	18.67		

0.71	MMITTEE (Provide Complete Name as Registered with Fi	ling Renavitary)	TYPE OF REPOR	2Т
Car	oline simmons for man	10(
Name of Payee		Expenses Paid by Commit	tee	10 Alins
			Date of Payment	Method of Payment:
Z O O	m		9/20/21	☐ Check #
		City		Debit Card [
55 A1 ma	iden Boulevard	san Jo	14	State Zip Code
Purpose of Expendit (by code)			Event #	CA 9511
Was	ndevionferen	cins senu	Eveni #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P		,	d a
	None of the below		' is checked)	\$31.89
	☐ Coordinated with reimbursement sought (jo	oint expenditure)	endent	1
Name of Payee		(in-kind contribution)	ization: OA OB OC O	D
alpho	1Graphics		Date of Payment	Method of Payment:
treet Address		City		Debit Card
100	yke lane	stam for	d	State Zip Code
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SUBTOTAL Section P — This Page

TOTAL of additional Section P Pages

TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals

REVIEW January 2015			TVDE OF DEDORT				
NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repositor	ע	TYPE OF REPORT	I THE OF KEPOKI			
	Q. Campaign Exp	penses Paid by Candi	idate				
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?			
				☐ Yes ☐ No			
Street Address		City		State Zip Code			
Street Address		City		State Zip Code			
Purpose of Expenditure	Description		Event #	Amount			
(by code)							
			Data of Boumant	T10			
Name of Payee (Name of V	(endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?			
				☐ Yes ☐ No			
Street Address		City		State Zip Code			
	In., car.		Event #	Amount			
Purpose of Expenditure (by code)	Description		Divile it	Amount			
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Name of Payee (Name of V	l Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?			
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				☐ Yes ☐ No			
Street Address		City		State Zip Code			
	Ta		Event #	Amount			
Purpose of Expenditure (by code)	Description		Event #	Amount			
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				☐ Yes ☐ No			
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Onect wintess				Sint Sip Sout			
Purpose of Expenditure	Description		Event #	Amount			
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Ivalle of Payee (Name of V	стаот, х егоон от клицу wno синишие рай инеснуз		2 at of Laginoit	N/			
				☐ Yes ☐ No			
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Purpose of Expenditure	Description		Event #	Amount			
(by code)	2-0-0-mption						
			10°				
		SUBTOTAL Section Q -	- This Page				
		OTAL of additional Section	on O Pages				
		PENSES PAID BY CA ine 26, Column A of Summar					

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repository)			TYPE C	F REPORT		
	R. Expenses Incurre	d on Com	mittee Cre	dit Card			
Name of Issuing Instit	rution	Type of Cred	lit Card:				
		☐ Visa	☐ Master Ca	ard 🗌 Disco	ver 🗌 America		
Name of Vendor, Person o	r Entity					Date of Tr	ransaction
Street Address		City				State	Zip Code
Purpose of Expenditure (by code)	Description			Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expend	liture)	☐ Indepe		в ос о р		
Name of Vendor, Person o	r Entity					Date of Tr	ransaction
Street Address		City				State	Zip Code
Purpose of Expenditure (by code)	Description			Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expend	diture)	☐ Indepe		в ос о р		
Name of Vendor, Person of	or Entity					Date of Ti	ransaction
Street Address		City				State	Zip Code
Purpose of Expenditure (by code)	Description			Event #	÷		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind of the coordinated without reimbursement sought)	diture)	☐ Indepe		в ос о р		
	s	UBTOTAL S	Section R —	This Page			
	то	TAL of addit	tional Section	R Pages			
то	TAL OF ALL EXPENSES INCURRED ON (Enter total on Lit	COMMIT ne 27, Column	TEE CRED A of Summary	IT CARD Page Totals)			

AME OF COMMITTE	EE (Provide Complete Name as Registered with Filing Repository		TYPE OF REPORT		
W. E. L. C.					
	S. Expenses Incurred by Com	mittee but Not Paid	During this Period		
Name of Creditor				Date Incur	red
Street Address		City		State	Zip Code
Purpose of Expenditure by code)	Description		Amount Incurred (Estimate or Actual)		
expenditure # (fapplicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expendence) Coordinated without reimbursement sought (in-kind of the coordinated without reimbursement)	☐ Independiture) ☐ Organi	is checked) endent ization: OAOBOCOI	D	
Name of Creditor				Date Incur	red
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		SUBTOTAL Section	S-This Page		
		TOTAL of additional Se	ction S Pages		
TOTAL OF ALL I	EXPENSES INCURRED BY COMMITTEE DUI (Enter total on	RING THIS PERIOD BU Line 28, Column A of Summ	T NOT PAID nary Page Totals)		
	Previously reported E	xpenses Unpaid and still (Outstanding		
	TOTAL OF ALL EXPENSES INCURRI (Enter total on a	ED BY COMMITTEE BU Line 28a, Column A of Summ	JT NOT PAID nary Page Totals)		

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing Repository)		TYP	E OF RE	PORT			
W = 8 = 0	T. Itemization of Reimb	umamonts o	nd Seconda	ry Pas	7005		and Va	or fully	na.
Enth B. Want		First	nu Seconda	ii y i ay	ces	М	Date of	Payment to V	endor,
Last Name of Worker/Cons	ultant	rust					Person o	r Entity	
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant					Section P:		Worker/Cons	sultant as
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	City					State	Zip Code	
Purpose of Expenditure (by code)	Description		Ev	vent#				Amount	
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Name of Vendor, Person or	r Entity Paid by Committee Worker/Consultant					n Section P:		Worker/Consebit Card	sultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City					State	Zip Code	
Purpose of Expenditure (by code)	Description		E	vent #				Amount	
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