

# SEEC FORM 20

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



*Leah Kagan, Deputy*  
9/7/21

Do Not Mark in This Space For Official Use Only

## COVER PAGE

<b>1. NAME OF COMMITTEE</b>			
Caroline Simmons for mayor			
<b>2. TREASURER NAME</b>			
First Leah	MI R	Last Kagan	Suffix
<b>3. TREASURER ADDRESS</b>			
Street Address 141 Vine Road	City Stamford	State CT	Zip Code 06905
<b>4. ELECTION/REFERENDUM DATE</b> (mm/dd/yyyy) 11/02/21	<b>5. OFFICE SOUGHT</b> (Complete only if Candidate Committee) Mayor		<b>6. DISTRICT NUMBER</b> (if applicable)
<b>7. CANDIDATE NAME</b> (Complete only if Candidate or Exploratory Committee)			
First Caroline	MI	Last Simmons	Suffix
<b>8. TYPE OF REPORT</b> (Check One Box)			
<input type="checkbox"/> January 10 filing	<input checked="" type="checkbox"/> 7th day preceding primary	<input type="checkbox"/> 7th day preceding referendum	<input type="checkbox"/> Initial Contribution or Disbursement (PACs ONLY)
<input type="checkbox"/> April 10 filing	<input type="checkbox"/> 30 days following primary	<input type="checkbox"/> 45 days following referendum	<input type="checkbox"/> Amendment to Type of Report:
<input type="checkbox"/> July 10 filing	<input type="checkbox"/> 7th day preceding election	<input type="checkbox"/> Deficit	
<input type="checkbox"/> October 10 filing	<input type="checkbox"/> 12th day preceding election (State Central Committees Only)	<input type="checkbox"/> Termination	
<input type="checkbox"/> 24 Hour Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election	<input type="checkbox"/> 45 days following election not held in November		
<b>9. PERIOD COVERED</b>			
Beginning Date 7/1/21		Ending Date 9/15/21	
<b>10. CERTIFICATION</b>			
I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.			
<u>Leah Kagan</u> TREASURER OR DEPUTY TREASURER (SIGNATURE)		<u>Leah Kagan</u> PRINT NAME OF SIGNER	<u>9/6/21</u> DATE (mm/dd/yyyy)
<i>A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.</i>			

RECEIVED FOR RECORD  
201 SEP -7 A 10:08  
STAMFORD TOWN CLERK

**SEEC FORM 20**

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

**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT	
Caroline Simmons for Mayor	The day preceding primary	
	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	\$175,356.44	
13. Contributions Received from Individuals (Sections A and B)	\$33,345.49	\$272,652.49
14. Receipts from Other Committees (Sections C1 and C2)	\$2,350	\$4,350
15. Other Monetary Receipts (Sections D through K)		
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)		
16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)		
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$35,695.49	
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$211,051.93	\$277,002.49
19. Expenses Paid by Committee (Section P)	\$179,975.70	\$245,952.24
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$31,077.23	\$31,077.23
21. In-Kind Donations not Considered Contributions Received (Section L4)		
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	\$400	
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)	\$5,700	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$5,700	

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

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Caroline Simmons for Mayor				7th Day Preceding Primary	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A	
				\$ 0.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Morris		Gwendolyn			
Residential Street Address		City		State	Zip Code
2435 Bedford Street, Unit 1H		Stamford		CT	06905
Principal Occupation		Name of Employer			
Former Media Sales 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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		8/18/2021	\$1,100.00		
Last Name		First		MI	
Abt		Michelle			
Residential Street Address		City		State	Zip Code
150 June Rd		Stamford		CT	06903
Principal Occupation		Name of Employer			
writer		Self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$50.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		8/23/2021	\$1,000.00		
Last Name		First		MI	
Evans-Aguiar		Ella			
Residential Street Address		City		State	Zip Code
555 Kappock Street, 1S		Bronx		NY	10463
Principal Occupation		Name of Employer			
Copywriter		Self-employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9/1/2021	\$100.00		
<b>SUBTOTAL Section B — This Page</b>				\$250.00	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				33,345.49	

**Section B ADDITIONAL PAGE** 1 of 07

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				7th Day Preceding Primary Filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Duff		First Patricia		MI			
Residential Street Address 480 Park Ave, Apt 7G			City New York		State NY	Zip Code 10022-1742	
Principal Occupation CEO			Name of Employer THE COMMON GOOD				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<b>Amount of Contribution</b>  \$500.00		
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 7/1/2021		Aggregate Contributions \$500.00		
Last Name Sanchez		First Robert		MI			
Residential Street Address 269 Washington street, 3rd floor			City New Britain		State CT	Zip Code 06051	
Principal Occupation State Rep.			Name of Employer State of Ct				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<b>Amount of Contribution</b>  \$100.00		
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 7/1/2021		Aggregate Contributions \$100.00		
Last Name Husain		First Zareen		MI			
Residential Street Address 18 Bertmor Drive			City Stamford		State CT	Zip Code 06905	
Principal Occupation Self employee			Name of Employer Self employed/homemaker				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<b>Amount of Contribution</b>  \$100.00		
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 7/2/2021		Aggregate Contributions \$600.00		
<b>SUBTOTAL Section B — This Page</b>						\$700.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						33 345.49	

Section B ADDITIONAL PAGE 2 of 67

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caroline Simmons for Mayor		7th Day Preceding Primary Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		\$ 0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Grandville		First Mary	
Residential Street Address 50 Edgewood Avenue		City Stamford	State CT
Principal Occupation Elementary School Principal		Name of Employer Greenwich Board of Education	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 7/3/2021	Aggregate Contributions \$50.00
Last Name Watson		First John	
Residential Street Address 4117 San Carlos Drive		City Dallas	State TX
Principal Occupation Banker		Name of Employer Banker	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 7/5/2021	Aggregate Contributions \$1,000.00
Last Name Watson		First Kelly	
Residential Street Address 4117 San Carlos Drive		City Dallas	State TX
Principal Occupation Homemaker		Name of Employer Homemaker	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 7/5/2021	Aggregate Contributions \$1,000.00
<b>SUBTOTAL Section B — This Page</b>		\$2,050.00	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		33 345.49	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caroline Simmons for Mayor		7th Day Preceding Primary Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		\$ 0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Leeper		First Jennifer MI	
Residential Street Address 75 Sherman Ct		City Fairfield	State CT Zip Code 06824
Principal Occupation State Rep, 132		Name of Employer CT General Assembly	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 7/8/2021	Aggregate Contributions \$100.00
Last Name Deschappelles		First Eileen MI	
Residential Street Address 48 Lockwood Road		City Riverside	State CT Zip Code 06878
Principal Occupation interior designer		Name of Employer Deschappelles Design	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 7/6/2021	Aggregate Contributions \$100.00
Last Name Newman		First Lisa MI	
Residential Street Address 25 Cob Drive		City Westport	State CT Zip Code 06880-2114
Principal Occupation Partner, Digital Consulting Firm		Name of Employer Digital 112	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 7/7/2021	Aggregate Contributions \$100.00
<b>SUBTOTAL Section B — This Page</b>		<b>\$300.00</b>	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		<b>33,345.49</b>	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caroline Simmons for Mayor		7th Day Preceding Primary Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>		\$ 0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Walker		First Craig MI	
Residential Street Address 3196 High Ridge Road		City Stamford CT Zip Code 06903	
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 7/10/2021	
		Aggregate Contributions \$25.00	
Last Name Maloney		First Daniel MI	
Residential Street Address 120 Woodridge Dr S		City Stamford CT Zip Code 06902	
Principal Occupation Product manager		Name of Employer Virgin pulse	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 7/10/2021	
		Aggregate Contributions \$125.00	
Last Name Beirne		First Kevin MI	
Residential Street Address 91 Nutmeg Lane		City Stamford CT Zip Code 06905	
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 7/11/2021	
		Aggregate Contributions \$25.00	
<b>SUBTOTAL Section B — This Page</b>		<b>\$75.00</b>	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		<b>33,345.49</b>	

Section B ADDITIONAL PAGE 5 of 67

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Caroline Simmons for Mayor			7th Day Preceding Primary Filing		
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)			SUBTOTAL SECTION A		
			\$ 0.00		
<b>B. Itemized Contributions from Individuals</b>					
Last Name Pittoni		First Mary Jo		MI	
Residential Street Address 283 Quarry Road		City Stamford		State CT	Zip Code 06903
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 7/11/2021	Aggregate Contributions \$150.00		
Last Name Deschappelles		First Paige		MI	
Residential Street Address 48 Lockwood Road		City Greenwich		State CT	Zip Code 06878
Principal Occupation McGrath II		Name of Employer McGrath II			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 7/13/2021	Aggregate Contributions \$25.00		
Last Name McBride		First Magee		MI	
Residential Street Address 18 Spring St		City Riverside		State CT	Zip Code 06878
Principal Occupation interior designer		Name of Employer McGrath II			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 7/15/2021	Aggregate Contributions \$100.00		
<b>SUBTOTAL Section B — This Page</b>				\$225.00	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)				33345.99	



Section B ADDITIONAL PAGE 6 of 67

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caroline Simmons for Mayor		7th Day Preceding Primary Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		\$ 0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Lach		First Jonathan MI	
Residential Street Address 130 Wallacks Point Drive		City Stamford	State CT Zip Code 06902
Principal Occupation Investment consulting		Name of Employer Albourne America	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 7/16/2021	Aggregate Contributions \$100.00
Last Name Steinberg		First Judith MI	
Residential Street Address 7 Wallacks Lane		City Stamford	State CT Zip Code 06902
Principal Occupation artist		Name of Employer self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 7/16/2021	Aggregate Contributions \$500.00
Last Name Clements		First Marilyn MI	
Residential Street Address 104 Wallacks Drive		City Stamford	State CT Zip Code 06902
Principal Occupation Artist/Teacher		Name of Employer Marilyn Clements	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 7/16/2021	Aggregate Contributions \$500.00
<b>SUBTOTAL Section B — This Page</b>		\$1,100.00	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		33 345.49	

Section B ADDITIONAL PAGE 7 of 07

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Caroline Simmons for Mayor				7th Day Preceding Primary Filing				
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>				
				\$ 0.00				
<b>B. Itemized Contributions from Individuals</b>								
Last Name Silvani			First Santiago			MI		
Residential Street Address 7 Gisborne Place			City Old Greenwich			State CT	Zip Code 06870	
Principal Occupation Student			Name of Employer Student					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 7/16/2021	Aggregate Contributions \$100.00				
Last Name Landino			First Christopher			MI		
Residential Street Address 81 Beacon View Drive			City Fairfield			State CT	Zip Code 06825	
Principal Occupation Vp			Name of Employer Women's Business Development Council					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$25.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 7/17/2021	Aggregate Contributions \$25.00				
Last Name Corbett			First Kevin			MI		
Residential Street Address 111 High Clear Drive			City Stamford			State CT	Zip Code 06905	
Principal Occupation PM			Name of Employer ALL Construction					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 7/17/2021	Aggregate Contributions \$100.00				
<b>SUBTOTAL Section B — This Page</b>						\$225.00		
<b>TOTAL of additional Section B Pages</b>								
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						33345.49		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caroline Simmons for Mayor		7th Day Preceding Primary Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$ 0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Anderson		First Christine	
Residential Street Address 35 Hazelwood Lane		City Stamford	State CT
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 7/18/2021	Aggregate Contributions \$100.00
Last Name Gillespie		First Richard	
Residential Street Address 1611 Washington Boulevard, #12		City Stamford	State CT
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 7/18/2021	Aggregate Contributions \$100.00
Last Name Katz		First Anita	
Residential Street Address 500 Newfield Avenue Apt 4A		City Stamford	State CT
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 7/19/2021	Aggregate Contributions \$15.00
<b>SUBTOTAL Section B — This Page</b>		<b>\$215.00</b>	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		<b>33,345.49</b>	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caroline Simmons for Mayor		7th Day Preceding Primary Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		\$ 0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Wong Sharp		First Jenny	
Residential Street Address 2224 Clay Street		City San Francisco	State CA
Principal Occupation Managing Director		Name of Employer Tishman Speyer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 7/19/2021	
		Aggregate Contributions \$100.00	
Last Name Petersen		First Judith	
Residential Street Address 102 Pine Hill Avenue, A-1		City Stamford	State CT
Principal Occupation Retired		Name of Employer Judith	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$50.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 7/19/2021	
		Aggregate Contributions \$50.00	
Last Name Cohan		First Catherine	
Residential Street Address 25 Wallacks Drive		City Stamford	State CT
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 7/20/2021	
		Aggregate Contributions \$600.00	
<b>SUBTOTAL Section B — This Page</b>		\$250.00	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		33,345.49	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caroline Simmons for Mayor		7th Day Preceding Primary Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		\$ 0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Galperin		First Fern	
Residential Street Address 19 Bellmere Avenue		City Stamford	State CT
Principal Occupation recently retired Greenwich Hospital mar/com lead		Name of Employer Recently retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 7/21/2021	
Aggregate Contributions \$100.00			
Last Name Polak		First Ilana	
Residential Street Address 214 Hubbard Avenue		City Stamford	State CT
Principal Occupation Social worker		Name of Employer Youth Guidance	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$5.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 7/21/2021	
Aggregate Contributions \$5.00			
Last Name Barnes		First Bess	
Residential Street Address 345 Hycliff Ter		City Stamford	State CT
Principal Occupation Sports Programmer		Name of Employer CBS Sports	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$250.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 7/23/2021	
Aggregate Contributions \$250.00			
<b>SUBTOTAL Section B — This Page</b>		\$355.00	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		33,345.49	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Caroline Simmons for Mayor			7 day prior primary		
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)			SUBTOTAL SECTION A		
			\$ 0.00		
<b>B. Itemized Contributions from Individuals</b>					
Last Name Levin		First Jay		MI	
Residential Street Address 23 Worthington Road		City New London		State CT	Zip Code 06320-2932
Principal Occupation attorney/lobbyist		Name of Employer Levin & Christ Government Relations Consulting, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 7/23/2021	Aggregate Contributions \$100.00		
Last Name Jacobson		First Lauren		MI	
Residential Street Address 180 Glenbrook Road, #61		City Stamford		State CT	Zip Code 06902
Principal Occupation Attorney		Name of Employer Maya Murphy, P.C.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$75.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 7/23/2021	Aggregate Contributions \$200.00		
Last Name Kudzy		First Lynne		MI	
Residential Street Address 303 Sawmill Road		City Stamford		State CT	Zip Code 06903
Principal Occupation VP Marketing		Name of Employer WebMD			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$10.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 7/25/2021	Aggregate Contributions \$10.00		
<b>SUBTOTAL Section B — This Page</b>			\$185.00		
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)			33,345.49		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caroline Simmons for Mayor		7th Day Preceding Primary Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		\$ 0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Elam		First MI Archie	
Residential Street Address 66 Glenbrook Road, Unit 4122		City Stamford	State Zip Code CT 06902
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 7/26/2021	
Last Name Hicks		First MI Barbara	
Residential Street Address 248 Loveland Road		City Stamford	State Zip Code CT 06905
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$10.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 7/26/2021	
Last Name Ruiz		First MI Cesar	
Residential Street Address 39 Sylvan Knoll Road		City Stamford	State Zip Code CT 06902
Principal Occupation Life Skills Coach		Name of Employer Abilis Inc	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$5.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 7/26/2021	
<b>SUBTOTAL Section B — This Page</b>			\$115.00
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)			33,345.49

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caroline Simmons for Mayor		7 day prior primary	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$ 0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Sullivan		First Kevin	
Residential Street Address 70 Timberwood Road		City West Hartford	State CT
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 7/26/2021	Aggregate Contributions \$100.00	
Last Name Shepherd		First Madeline	
Residential Street Address 180 Turn of River Road, 7C		City Stamford	State CT
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$40.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 7/26/2021	Aggregate Contributions \$480.00	
Last Name Sweeney		First Susan	
Residential Street Address 44 Strawberry Hill Ave, APT 5F		City Stamford	State CT
Principal Occupation retired		Name of Employer retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$25.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 7/26/2021	Aggregate Contributions \$125.00	
<b>SUBTOTAL Section B — This Page</b>		\$165.00	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		33,345.49	



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caroline Simmons for Mayor		7th Day Preceding Primary Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		\$ 0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Abt		First Michelle	
Residential Street Address 150 June Rd		City Stamford	State CT
Principal Occupation Writer		Name of Employer Self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$250.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 7/26/2021	
		Aggregate Contributions \$1,000.00	
Last Name Swanberg		First Sarah	
Residential Street Address 57 Ocean drive west		City Stamford	State CT
Principal Occupation Acupuncturist		Name of Employer Self-employed @ indigo Wellness Group	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 7/26/2021	
		Aggregate Contributions \$195.00	
Last Name Skratt		First Wendy	
Residential Street Address 29 Vincent Ave		City Stamford	State CT
Principal Occupation Unemployed		Name of Employer Unemployed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 7/26/2021	
		Aggregate Contributions \$400.00	
<b>SUBTOTAL Section B — This Page</b>			\$450.00
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)			33,345.49

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caroline Simmons for Mayor		7th Day Preceding Primary Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		\$ 0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Brown		First Peter	
Residential Street Address 731 Newfield Ave		City Stamford	State CT
Principal Occupation Firefighter		Name of Employer City of Norwalk	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$100.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 7/26/2021	
Last Name Wiggins		First Stephen	
Residential Street Address 200 Dorado Beach Drive, Unit 2260		City Dorado	State PR
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$500.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 7/26/2021	
Last Name Pfeifer		First Conor	
Residential Street Address 1123 Revere Beach Parkway, #205		City Revere	State MA
Principal Occupation Sales		Name of Employer BCC Research	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$25.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 7/27/2021	
<b>SUBTOTAL Section B — This Page</b>		\$625.00	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		33,345.49	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				7th Day Preceding Primary Filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Pribish			First Frances			MI	
Residential Street Address 21 LEONA DR			City STAMFORD			State CT	Zip Code 06907-1145
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$38.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 7/27/2021	Aggregate Contributions \$38.00			
Last Name Condon			First Jane			MI	
Residential Street Address 38 Close Rd			City Greenwich			State CT	Zip Code 06831
Principal Occupation Comedian			Name of Employer Self-employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 7/27/2021	Aggregate Contributions \$350.00			
Last Name Selkowitz			First Arthur			MI	
Residential Street Address 262 Ocean Drive East			City Stamford			State CT	Zip Code 06902
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<b>Amount of Contribution</b>  \$500.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 7/28/2021	Aggregate Contributions \$500.00			
<b>SUBTOTAL Section B — This Page</b>						\$638.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						33,345.49	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caroline Simmons for Mayor		7th Day Preceding Primary Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$ 0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Rubin		First Elizabeth MI	
Residential Street Address 75 Courtland Ave. Unit 9		City Stamford CT Zip Code 06902	
Principal Occupation Retired		Name of Employer no	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 7/28/2021	
		Aggregate Contributions \$50.00	
Last Name Rosen		First Goldy MI	
Residential Street Address 62 Woodbrook Drive		City Stamford CT Zip Code 06907	
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 7/28/2021	
		Aggregate Contributions \$25.00	
Last Name Mushinsky		First Mary MI	
Residential Street Address 188 S CHERRY ST		City WALLINGFORD CT Zip Code 06492-4016	
Principal Occupation Legislator		Name of Employer State of CT	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 7/28/2021	
		Aggregate Contributions \$50.00	
<b>SUBTOTAL Section B — This Page</b>		<b>\$60.00</b>	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		<b>33,345.49</b>	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Caroline Simmons for Mayor			7th Day Preceding Primary Filing		
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)			SUBTOTAL SECTION A		
			\$ 0.00		
<b>B. Itemized Contributions from Individuals</b>					
Last Name Conley		First Christine		MI	
Residential Street Address 33 Toll Gate Rd		City Groton		State CT	Zip Code 06340
Principal Occupation Attorney		Name of Employer Embry Neusner			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 7/29/2021	Aggregate Contributions \$50.00		
Last Name Laybourne		First Geraldine		MI	
Residential Street Address 67 Orchard Drive		City Rhinebeck		State NY	Zip Code 12574
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$500.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 7/29/2021	Aggregate Contributions \$500.00		
Last Name Tarzia		First Joseph R		MI	
Residential Street Address 58 Deacon Hill Road		City Stamford		State CT	Zip Code 06905
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 7/29/2021	Aggregate Contributions \$50.00		
<b>SUBTOTAL Section B — This Page</b>				\$600.00	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)				33,345.41	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				7th Day Preceding Primary Filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Jepsen			First Chuck			MI	
Residential Street Address 252 Ocean Drive East			City Stamford			State CT	Zip Code 06902
Principal Occupation Producer			Name of Employer Self Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$250.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 7/29/2021	Aggregate Contributions \$250.00				
Last Name Lurie			First Jeffrey			MI	
Residential Street Address 312 Lanfair Road			City Wynnewood			State PA	Zip Code 19096
Principal Occupation chairman/ceo			Name of Employer Philadelphia Eagles				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 7/29/2021	Aggregate Contributions \$1,000.00				
Last Name Ward			First Karyn			MI	
Residential Street Address 27 Lindstrom Road, 7B			City Stamford			State CT	Zip Code 06902
Principal Occupation Executive Assistant			Name of Employer The Ashforth Company				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$250.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 7/29/2021	Aggregate Contributions \$700.00				
<b>SUBTOTAL Section B — This Page</b>						\$1,500.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						33,345.49	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caroline Simmons for Mayor		7th Day Preceding Primary Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		\$ 0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Kerr		First Melissa	MI
Residential Street Address 12 North Road		City Darien	State CT
Zip Code 06820			
Principal Occupation retired		Name of Employer retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Amount of Contribution</b>  \$500.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 7/29/2021	Aggregate Contributions \$500.00
Last Name Apfelbaum		First William	MI
Residential Street Address 143 Byram Shore Road		City Greenwich	State CT
Zip Code 06830			
Principal Occupation retired		Name of Employer retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Amount of Contribution</b>  \$500.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 7/29/2021	Aggregate Contributions \$500.00
Last Name Better-Wirz		First Antonia	MI
Residential Street Address 76 Ken Court		City Stamford	State CT
Zip Code 06905			
Principal Occupation Educational coaching		Name of Employer All Our Kin	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Amount of Contribution</b>  \$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 7/30/2021	Aggregate Contributions \$50.00
<b>SUBTOTAL Section B — This Page</b>		\$1,050.00	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		33,345.49	

Section B ADDITIONAL PAGE 21 of 67

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				7th Day Preceding Primary Filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Curtis			First Rick			MI	
Residential Street Address 3 Cove Creek Lane			City Marshfield			State MA	Zip Code 02050
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$500.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 7/31/2021		Aggregate Contributions \$1,500.00		
Last Name Sandford			First Nicole			MI	
Residential Street Address 79 Sherwood Road			City Stamford			State CT	Zip Code 06905
Principal Occupation Consultant			Name of Employer Ellig group				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$250.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 8/1/2021		Aggregate Contributions \$250.00		
Last Name Luxenberg			First Geoffrey			MI	
Residential Street Address 93 Plymouth Lane			City Manchester			State CT	Zip Code 06040
Principal Occupation Legislator			Name of Employer State of CT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 8/2/2021		Aggregate Contributions \$600.00		
<b>SUBTOTAL Section B — This Page</b>					\$850.00		
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)					33,345.49		



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caroline Simmons for Mayor		7th Day Preceding Primary Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$ 0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Sapan		First Josh	
Residential Street Address 285 Central Park West		City New York	
Principal Occupation President & CEO		Name of Employer AMC Networks	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/2/2021	
		Aggregate Contributions \$750.00	
Last Name Carr		First Andrew	
Residential Street Address 5 Osee Place		City Greenwich	
Principal Occupation Broker		Name of Employer TP ICAP	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/3/2021	
		Aggregate Contributions \$200.00	
Last Name Hobbick		First Christina	
Residential Street Address 86 High Clear Drive		City Stamford	
Principal Occupation Specialist		Name of Employer Healthcare Industry	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/3/2021	
		Aggregate Contributions \$25.00	
<b>SUBTOTAL Section B — This Page</b>		<b>\$625.00</b>	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		<b>33,345.49</b>	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Caroline Simmons for Mayor			7th Day Preceding Primary Filing		
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)			<b>SUBTOTAL SECTION A</b>		
			\$ 0.00		
<b>B. Itemized Contributions from Individuals</b>					
Last Name Petersen		First Alexa		MI	
Residential Street Address 77 Nottingham Drive		City Stamford		State CT	Zip Code 06907
Principal Occupation Analyst		Name of Employer One Acre Fund			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/3/2021	Aggregate Contributions \$200.00		
Last Name Reed		First Ann		MI	
Residential Street Address 15 Libby Lane		City Darien		State CT	Zip Code 06820
Principal Occupation retired		Name of Employer retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/3/2021	Aggregate Contributions \$275.00		
Last Name Maloney		First Daniel		MI	
Residential Street Address 120 Woodridge Dr S		City Stamford		State CT	Zip Code 06902
Principal Occupation Product manager		Name of Employer Virgin pulse			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/3/2021	Aggregate Contributions \$125.00		
<b>SUBTOTAL Section B — This Page</b>				\$225.00	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)				33345.49	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				7th Day Preceding Primary Filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Gibb			First Debra			MI	
Residential Street Address 32 Estwick Place			City Stamford			State CT	Zip Code 06907
Principal Occupation Para Educator			Name of Employer Stamford BOE				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 8/3/2021		Aggregate Contributions \$25.00		
Last Name Hirsch			First Elizabeth			MI	
Residential Street Address 2200 North Ocean Boulevard, UNIT N1101			City Fort Lauderdale			State FL	Zip Code 33305
Principal Occupation Retired, Director			Name of Employer WBDC Board member				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$500.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 8/3/2021		Aggregate Contributions \$1,000.00		
Last Name Bankson			First Jeffrey			MI	
Residential Street Address 55 Severance Drive			City Stamford			State CT	Zip Code 06905
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 8/3/2021		Aggregate Contributions \$25.00		
<b>SUBTOTAL Section B — This Page</b>						<b>\$550.00</b>	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						<b>33,345.49</b>	

Section B ADDITIONAL PAGE 25 of 67

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				7th Day Preceding Primary Filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Christensen			First Eleanor			MI	
Residential Street Address 206 Clay Hill Road			City Stamford			State CT	Zip Code 06905
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 8/3/2021	Aggregate Contributions \$75.00			
Last Name Orlovsky			First Igor			MI	
Residential Street Address 37 River Ridge Court			City Stamford			State CT	Zip Code 06902
Principal Occupation Software Engineer			Name of Employer Fujifilm				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 8/3/2021	Aggregate Contributions \$75.00			
Last Name Shepherd			First Madeline			MI	
Residential Street Address 180 Turn of River Road, 7C			City Stamford			State CT	Zip Code 06905
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 8/3/2021	Aggregate Contributions \$480.00			
<b>SUBTOTAL Section B — This Page</b>						\$150.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						33,345.49	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caroline Simmons for Mayor		7th Day Preceding Primary Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		\$ 0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Rosenfeld		First Richard	
Residential Street Address 8 Club Rd		City Stamford	State CT
Principal Occupation Attorney		Name of Employer Richard Rosenfeld, Esq	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$50.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/3/2021	
		Aggregate Contributions \$125.00	
Last Name Exum		First Tammy	
Residential Street Address 40 Gin Still Lane		City West Hartford	State CT
Principal Occupation Legislator		Name of Employer CT General Assembly	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$75.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/3/2021	
		Aggregate Contributions \$125.00	
Last Name Hearn		First Gervais	
Residential Street Address 405 Atlantic Street, #12D		City Stamford	State CT
Principal Occupation Fundraiser		Name of Employer St. Lawrence University	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/4/2021	
		Aggregate Contributions \$270.00	
<b>SUBTOTAL Section B — This Page</b>		\$225.00	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		33,345.49	

**Section B ADDITIONAL PAGE** 27 of 67

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				7th Day Preceding Primary Filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name De Silva			First Rohini			MI	
Residential Street Address 56 Sherwood Road			City Stamford			State CT	Zip Code 06905
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$25.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 8/4/2021	Aggregate Contributions \$65.00			
Last Name Scherer			First Daniel			MI	
Residential Street Address 117 Flint Rock Rd E			City Stamford			State CT	Zip Code 06903
Principal Occupation Sales			Name of Employer Gimbal				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 8/5/2021	Aggregate Contributions \$300.00			
Last Name Gilchrest			First Jillian			MI	
Residential Street Address 360 north Quaker lane			City West Hartford			State CT	Zip Code 06119
Principal Occupation State Representative			Name of Employer Connecticut General Assembly				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$50.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 8/5/2021	Aggregate Contributions \$50.00			
<b>SUBTOTAL Section B — This Page</b>						\$175.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>						33,345.49	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				7th Day Preceding Primary Filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Lucas			First Gina			MI	
Residential Street Address 970 Hope Street			City Stamford			State CT	Zip Code 06907
Principal Occupation Nonprofit Education			Name of Employer REACH Prep				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 8/7/2021		Aggregate Contributions \$100.00		
Last Name Irwin			First Jaik			MI	
Residential Street Address 30 Abel Avenue, rear unit			City Stamford			State CT	Zip Code 06906
Principal Occupation Unemployed			Name of Employer Unemployed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$25.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 8/8/2021		Aggregate Contributions \$25.00		
Last Name Lucano			First Andrew			MI	
Residential Street Address 3 Bradley Court			City Syosset			State NY	Zip Code 11791
Principal Occupation Attorney			Name of Employer Seyfarth Shaw LLP				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$200.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 8/9/2021		Aggregate Contributions \$200.00		
<b>SUBTOTAL Section B — This Page</b>				<b>\$325.00</b>			
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				<b>33,345.49</b>			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				7th Day Preceding Primary Filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Shanahan			First Carl			MI	
Residential Street Address 280 Ocean Drive East			City Stamford			State CT	Zip Code 06902
Principal Occupation Ceo			Name of Employer Specialty cable corp				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 8/10/2021	Aggregate Contributions \$1,000.00			
Last Name Hanson			First Craig			MI	
Residential Street Address 7 Abbey La			City Meriden			State CT	Zip Code 06450
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$20.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 8/10/2021	Aggregate Contributions \$20.00			
Last Name Bloch			First Abby			MI	
Residential Street Address 340 East 64th Street, Apt. 12N			City New York			State NY	Zip Code 10065
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$500.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 8/11/2021	Aggregate Contributions \$500.00			
<b>SUBTOTAL Section B — This Page</b>						\$1,520.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						33,345.49	



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				7th Day Preceding Primary Filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Osman			First Harley			MI	
Residential Street Address 57 West Hill Road			City Stamford			State CT	Zip Code 06902
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 8/11/2021	Aggregate Contributions \$200.00			
Last Name Petrelli			First Joseph			MI	
Residential Street Address 134 Haviland Drive			City Harrison			State NY	Zip Code 10528
Principal Occupation retired			Name of Employer retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$500.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 8/11/2021	Aggregate Contributions \$500.00			
Last Name Richman			First Ellen			MI	
Residential Street Address 11 Conyers Farm Drive			City Greenwich			State CT	Zip Code 06831
Principal Occupation Adjunct Professor			Name of Employer Columbia University				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 8/12/2021	Aggregate Contributions \$1,000.00			
<b>SUBTOTAL Section B — This Page</b>						\$1,600.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						33,345.49	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Caroline Simmons for Mayor			7th Day Preceding Primary Filing		
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)			SUBTOTAL SECTION A		
			\$ 0.00		
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Richman		Richard			
Residential Street Address		City		State	Zip Code
11 Conyers Farm Drive		Greenwich		CT	06831
Principal Occupation		Name of Employer			
Chairman		The Richman Group, Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		8/12/2021	\$1,000.00		
Last Name		First		MI	
Greenfield		Jeffrey			
Residential Street Address		City		State	Zip Code
11 South Main Street		West Hartford		CT	06107
Principal Occupation		Name of Employer			
Legislative Staff		State of CT			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		8/12/2021	\$100.00		
Last Name		First		MI	
Truglia		Sallyanne			
Residential Street Address		City		State	Zip Code
11 George Street		Stamford		CT	06902
Principal Occupation		Name of Employer			
HR & Benefits Manager		NYAC UMC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		8/12/2021	\$100.00		
<b>SUBTOTAL Section B — This Page</b>				\$1,200.00	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)				33 345.49	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				7th Day Preceding Primary Filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Tullis			First James			MI	
Residential Street Address 1326 Lake Worth Lane			City North Palm Beach			State FL	Zip Code 33408
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 8/12/2021		Aggregate Contributions \$200.00		
Last Name Huffard			First Kirk			MI	
Residential Street Address 77 Havemeyer Ln, #32			City Stamford			State CT	Zip Code 06902-2153
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$25.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 8/12/2021		Aggregate Contributions \$25.00		
Last Name Gotfredson			First Christopher			MI	
Residential Street Address 482 Henry St, Garden Apt			City Brooklyn			State NY	Zip Code 11231
Principal Occupation Sales Manager			Name of Employer Athletic Brewing Company				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 8/13/2021		Aggregate Contributions \$200.00		
<b>SUBTOTAL Section B — This Page</b>						\$225.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>						33,345.49	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Caroline Simmons for Mayor				7th Day Preceding Primary Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				\$ 0.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name Lesser		First Eric		MI	
Residential Street Address 41 Dover Road		City Longmeadow		State MA	Zip Code 01106
Principal Occupation State Senator		Name of Employer State of Massachusetts			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$500.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/13/2021	Aggregate Contributions \$750.00		
Last Name Shaw		First Ramyia		MI	
Residential Street Address 62 Mayflower Avenue		City Stamford		State CT	Zip Code 06906
Principal Occupation Senior Manager		Name of Employer Deloitte			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/13/2021	Aggregate Contributions \$525.00		
Last Name Adams		First Brien		MI	
Residential Street Address 58 Sachem Place		City Stamford		State CT	Zip Code 06902
Principal Occupation Firefighter		Name of Employer BCADAMS			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/15/2021	Aggregate Contributions \$50.00		
<b>SUBTOTAL Section B — This Page</b>				\$575.00	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)				33 345.49	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				7th Day Preceding Primary Filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Brown			First Mary Ann			MI	
Residential Street Address 254 Hillandale Avenue			City Stamford			State CT	Zip Code 06906-2409
Principal Occupation retired			Name of Employer retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 8/15/2021	Aggregate Contributions \$150.00			
Last Name Kiernan			First Eaddy			MI	
Residential Street Address 428 Round Hill Road			City Greenwich			State CT	Zip Code 06831
Principal Occupation consultant			Name of Employer consultant				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 8/17/2021	Aggregate Contributions \$1,000.00			
Last Name Sweeney			First Susan			MI	
Residential Street Address 44 Strawberry Hill Ave, APT 5F			City Stamford			State CT	Zip Code 06902
Principal Occupation retired			Name of Employer retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 8/17/2021	Aggregate Contributions \$125.00			
<b>SUBTOTAL Section B — This Page</b>						\$1,075.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						33,345.49	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Caroline Simmons for Mayor			7th Day Preceding Primary Filing		
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)			SUBTOTAL SECTION A		
			\$ 0.00		
<b>B. Itemized Contributions from Individuals</b>					
Last Name Plumb		First Allan		MI	
Residential Street Address 195 High Clear Drive		City Stamford		State CT	Zip Code 06905
Principal Occupation William Pitt Real Estate, Broker		Name of Employer William Pitt Real Estate, Broker			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/18/2021	Aggregate Contributions \$50.00		
Last Name Cohan		First Catherine		MI	
Residential Street Address 25 Wallacks Drive		City Stamford		State CT	Zip Code 06902
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$500.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/18/2021	Aggregate Contributions \$600.00		
Last Name Fichtel		First Frederick		MI	
Residential Street Address 8 Half Moon Way		City Stamford		State CT	Zip Code 06902
Principal Occupation retired		Name of Employer retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$21.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/18/2021	Aggregate Contributions \$64.49		
<b>SUBTOTAL Section B — This Page</b>				\$546.00	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)				33 345.49	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caroline Simmons for Mayor		7th Day Preceding Primary Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>		<b>SUBTOTAL SECTION A</b>	
		\$ 0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Guite		First Ann	
Residential Street Address 1185 Park Avenue, 7F		City New York	State NY
Principal Occupation Art Consultant		Name of Employer Self employed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$10.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/18/2021	Aggregate Contributions \$110.00
Last Name Ruiz		First Cesar	
Residential Street Address 39 Sylvan Knoll Road		City Stamford	State CT
Principal Occupation Life Skills Coach		Name of Employer Abilis Inc	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$5.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/18/2021	Aggregate Contributions \$10.00
Last Name Manning		First Lauren	
Residential Street Address 29 Malibu Road		City Stamford	State CT
Principal Occupation Policy Consultant		Name of Employer Save the Children	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$25.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/18/2021	Aggregate Contributions \$25.00
<b>SUBTOTAL Section B — This Page</b>			\$40.00
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>			33,345.49

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caroline Simmons for Mayor		7th Day Preceding Primary Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$ 0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Mallozzi		First Linda	
Residential Street Address 52 Nutmeg Lane		City Stamford	State CT
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<b>Amount of Contribution</b>  \$25.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/18/2021	
		Aggregate Contributions \$50.00	
Last Name Truglia		First Michelle	
Residential Street Address 1494 Shippan Avenue		City Stamford	State CT
Principal Occupation Administrative Law Judge		Name of Employer State of Connecticut	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<b>Amount of Contribution</b>  \$100.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/19/2021	
		Aggregate Contributions \$700.00	
Last Name Shepherd		First Madeline	
Residential Street Address 180 Turn of River Road, 7C		City Stamford	State CT
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<b>Amount of Contribution</b>  \$100.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/20/2021	
		Aggregate Contributions \$480.00	
<b>SUBTOTAL Section B — This Page</b>			\$225.00
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>			33,345.49



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				7th Day Preceding Primary Filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Adams			First Terry			MI	
Residential Street Address 15 Lipton Place			City Stamford		State CT	Zip Code 06902	
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 8/20/2021	Aggregate Contributions \$400.00			
Last Name Peck			First Mohan			MI	
Residential Street Address 237 Rock Rimmon Road			City Stamford		State CT	Zip Code 06903	
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 8/21/2021	Aggregate Contributions \$100.00			
Last Name Curtis			First Joan			MI	
Residential Street Address 3 Cove Creek Lane			City Marshfield		State MA	Zip Code 02050	
Principal Occupation Retired Pharmacist			Name of Employer Retired Pharmacist				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$500.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 8/22/2021	Aggregate Contributions \$500.00			
<b>SUBTOTAL Section B — This Page</b>						\$700.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						33,345.49	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Caroline Simmons for Mayor			7th Day Preceding Primary Filing		
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)			SUBTOTAL SECTION A		
			\$ 0.00		
<b>B. Itemized Contributions from Individuals</b>					
Last Name Pittoni		First Luke		MI	
Residential Street Address 283 Quarry Road		City Stamford		State CT	Zip Code 06903
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/22/2021	Aggregate Contributions \$100.00		
Last Name Kagan		First Carolyn		MI	
Residential Street Address 14 Dartley St		City Stamford		State CT	Zip Code 06905
Principal Occupation psychotherapist		Name of Employer Alliance Therapy Practice			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$20.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/23/2021	Aggregate Contributions \$95.00		
Last Name Sarnar		First Sharyn		MI	
Residential Street Address 122 Frost Pond Rd		City Stamford		State CT	Zip Code 06903-3031
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/23/2021	Aggregate Contributions \$200.00		
<b>SUBTOTAL Section B — This Page</b>			\$145.00		
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)			33,345.49		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				7th Day Preceding Primary Filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Rocha			First Marie			MI	
Residential Street Address 16 Fairway Dr			City Stamford			State CT	Zip Code 06903
Principal Occupation CEO			Name of Employer Realist Ventures				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/23/2021	Aggregate Contributions \$800.00				
Last Name Forte			First Joe			MI	
Residential Street Address 109 Buckingham Drive			City Stamford			State CT	Zip Code 06902
Principal Occupation Optician			Name of Employer Greenwich Ophthalmology Associates				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/23/2021	Aggregate Contributions \$50.00				
Last Name Ecker			First Charlesanna			MI	
Residential Street Address 226 Dundee Road			City Stamford			State CT	Zip Code 06903
Principal Occupation retired			Name of Employer retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$80.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/24/2021	Aggregate Contributions \$625.00				
<b>SUBTOTAL Section B — This Page</b>						\$230.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						33,345.49	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Caroline Simmons for Mayor				7th Day Preceding Primary Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	0.00
<b>B. Itemized Contributions from Individuals</b>					
Last Name Hague		First Sarah		MI	
Residential Street Address 60 WILTON ROAD		City WINDSOR		State CT	Zip Code 06095
Principal Occupation Political Director		Name of Employer Vote Mama			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$5.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/24/2021	Aggregate Contributions \$5.00		
Last Name Besu Truchard		First Suzanne		MI	
Residential Street Address 1195 Thompson Avenue		City Napa		State CA	Zip Code 94558
Principal Occupation Attorney and Real Estate Advisor		Name of Employer Self employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/24/2021	Aggregate Contributions \$50.00		
Last Name Brighton		First Michele		MI	
Residential Street Address 33 Dogwood Court		City Stamford		State CT	Zip Code 06903
Principal Occupation Finance		Name of Employer Mercury Business Associates			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/25/2021	Aggregate Contributions \$100.00		
<b>SUBTOTAL Section B — This Page</b>				\$155.00	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)				33,345.49	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caroline Simmons for Mayor		7th Day Preceding Primary Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$ 0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Chimes		First Marjorie	
Residential Street Address 18 Gurley Road		City Stamford	State CT
Principal Occupation VP Marketing		Name of Employer TTEC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/26/2021	
		Aggregate Contributions \$100.00	
Last Name Schley		First Daniel	
Residential Street Address 186 Pine Creek Ave		City Fairfield	State CT
Principal Occupation Business		Name of Employer Dolphin II, LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$250.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/27/2021	
		Aggregate Contributions \$525.00	
Last Name Clements		First Lisa	
Residential Street Address 123 Knox Road		City Stamford	State CT
Principal Occupation teaching assistant		Name of Employer JCC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$75.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/27/2021	
		Aggregate Contributions \$75.00	
<b>SUBTOTAL Section B — This Page</b>			\$425.00
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)			33,345.49

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				7th Day Preceding Primary Filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Leatherman			First Mark			MI	
Residential Street Address 51 Knickerbocker Avenue			City Stamford			State CT	Zip Code 06907
Principal Occupation R&D Manager			Name of Employer Momentive				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 8/28/2021	Aggregate Contributions \$100.00			
Last Name Burriesci			First Nancy			MI	
Residential Street Address 11 Rutz Street			City Stamford			State CT	Zip Code 06906
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 8/28/2021	Aggregate Contributions \$100.00			
Last Name Cohen			First Shira			MI	
Residential Street Address 59 Briarwood Lane			City Stamford			State CT	Zip Code 06903
Principal Occupation Student			Name of Employer American University				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$10.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 8/30/2021	Aggregate Contributions \$10.00			
<b>SUBTOTAL Section B — This Page</b>						\$210.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						33,345.49	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				7th Day Preceding Primary Filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Allen			First Benjamin			MI	
Residential Street Address 89 Haynes road			City West Hartford			State CT	Zip Code 06117
Principal Occupation Director			Name of Employer Tucker Green and Company				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/30/2021	Aggregate Contributions \$100.00				
Last Name Orsini Rosen			First Marie			MI	
Residential Street Address 28 Elmbrook Drive			City Stamford			State CT	Zip Code 06906
Principal Occupation The Nature Conservancy in CT Director of Philanthropy			Name of Employer N/A				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/30/2021	Aggregate Contributions \$100.00				
Last Name Brown			First Thomas			MI	
Residential Street Address 115 Pine Hill Ave			City Stamford			State CT	Zip Code 06906
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/30/2021	Aggregate Contributions \$200.00				
<b>SUBTOTAL Section B — This Page</b>						\$300.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						33,345.49	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				7th Day Preceding Primary Filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Schechterman			First Ellen			MI	
Residential Street Address 98 Clearview Avenue			City Stamford			State CT	Zip Code 06907
Principal Occupation Software/application and language training			Name of Employer PC Possibilities, LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 8/30/2021	Aggregate Contributions \$50.00			
Last Name Kinder			First Randy			MI	
Residential Street Address 27 Bayberrie Drive			City Stamford			State CT	Zip Code 06902
Principal Occupation retired			Name of Employer retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$200.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 8/30/2021	Aggregate Contributions \$200.00			
Last Name Fallows			First Deborah			MI	
Residential Street Address 4780 Dexter St NW			City Washington			State DC	Zip Code 20007
Principal Occupation writer			Name of Employer self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 8/31/2021	Aggregate Contributions \$200.00			
<b>SUBTOTAL Section B — This Page</b>						\$350.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						33,345.49	



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Caroline Simmons for Mayor				7th Day Preceding Primary Filing				
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>				
				\$ 0.00				
<b>B. Itemized Contributions from Individuals</b>								
Last Name			First			MI		
Bratchell			Dorothy					
Residential Street Address			City			State	Zip Code	
52 Willoughby Road			Shelton			CT	06484	
Principal Occupation			Name of Employer					
COO			Women's Business Development Council					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution:			Date Received		Aggregate Contributions			
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			8/31/2021		\$100.00			
Last Name			First			MI		
McGrath			Judith					
Residential Street Address			City			State	Zip Code	
15 West 89th Street			New York			NY	10024	
Principal Occupation			Name of Employer					
Retired			Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$1,000.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution:			Date Received		Aggregate Contributions			
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			9/1/2021		\$1,500.00			
Last Name			First			MI		
O'Shea			Stephanie					
Residential Street Address			City			State	Zip Code	
9 Norman Road			Stamford			CT	06906	
Principal Occupation			Name of Employer					
unemployed			unemployed					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$25.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution:			Date Received		Aggregate Contributions			
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			9/1/2021		\$100.00			
<b>SUBTOTAL Section B — This Page</b>						\$1,125.00		
<b>TOTAL of additional Section B Pages</b>								
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						33,345.49		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				7th Day Preceding Primary Filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Hynes			First Thomas			MI	
Residential Street Address 67 Fawnfield Road			City Stamford		State CT	Zip Code 06903	
Principal Occupation Finance			Name of Employer Wealth Enhancement Group				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$250.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 8/31/2021	Aggregate Contributions \$250.00			
Last Name McGrath			First Judith			MI	
Residential Street Address 15 West 89th Street			City New York		State NY	Zip Code 10024	
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$500.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/1/2021	Aggregate Contributions \$1,500.00			
Last Name Baker			First Theresa			MI	
Residential Street Address 229 Hoyt Farm Road			City New Canaan		State CT	Zip Code 06840	
Principal Occupation Banker			Name of Employer Webster Bank				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/1/2021	Aggregate Contributions \$275.00			
<b>SUBTOTAL Section B — This Page</b>				\$850.00			
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)				33,345.49			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caroline Simmons for Mayor		7th Day Preceding Primary Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		\$ 0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Miller		First Aaron	
Residential Street Address 116 Black Rock Road		City Stamford	State CT
Principal Occupation Student		Name of Employer Student	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/1/2021	
		Aggregate Contributions \$200.00	
Last Name Shepherd		First Madeline	
Residential Street Address 180 Turn of River Road, 7C		City Stamford	State CT
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/1/2021	
		Aggregate Contributions \$480.00	
Last Name Abt		First Michelle	
Residential Street Address 150 June Rd		City Stamford	State CT
Principal Occupation Writer		Name of Employer Pulse Content	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/1/2021	
		Aggregate Contributions \$1,000.00	
<b>SUBTOTAL Section B — This Page</b>		\$300.00	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		33,345.79	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caroline Simmons for Mayor		7th Day Preceding Primary Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$ 0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Sandford		First Dan	
Residential Street Address 79 Sherwood Road		City Stamford	State CT
Principal Occupation Business Owner		Name of Employer Flannel Daná"s Amity Laundromat	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$200.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/1/2021	
		Aggregate Contributions \$200.00	
Last Name DiMento		First Joseph	
Residential Street Address 20 Urey Ct.		City Irvine	State CA
Principal Occupation Professor		Name of Employer uci	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$25.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/1/2021	
		Aggregate Contributions \$125.00	
Last Name Farin		First Philip	
Residential Street Address 5 E RIDGE RD		City STAMFORD	State CT
Principal Occupation retired		Name of Employer retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$25.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/1/2021	
		Aggregate Contributions \$25.00	
<b>SUBTOTAL Section B — This Page</b>		\$250.00	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		33345.99	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caroline Simmons for Mayor		7th Day Preceding Primary Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		\$ 0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Cronin		First Elizabeth	
Residential Street Address 10 Crescent Bluff Avenue		City Branford	State CT
Principal Occupation Volunteer		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/1/2021	Aggregate Contributions \$100.00
Last Name Bushell		First Victor	
Residential Street Address 245 Ocean Drive East		City Stamford	State CT
Principal Occupation attorney		Name of Employer Bushell Sovak & Kane LLP	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/2/2021	Aggregate Contributions \$100.00
Last Name Fichtel		First Frederick	
Residential Street Address 8 Half Moon Way		City Stamford	State CT
Principal Occupation retired		Name of Employer retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/2/2021	Aggregate Contributions \$64.49
<b>SUBTOTAL Section B — This Page</b>		<b>\$218.49</b>	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		<b>33,345.49</b>	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				7th Day Preceding Primary Filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Drexler			First Millard			MI	
Residential Street Address 640 Park Avenue			City New York			State NY	Zip Code 10065
Principal Occupation CEO			Name of Employer Alex Mill				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$500.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/2/2021	Aggregate Contributions \$500.00			
Last Name Luciani			First Jill			MI	
Residential Street Address 135 Van Rensselaer Ave			City Stamford			State CT	Zip Code 06902
Principal Occupation Marketing consultant			Name of Employer Self employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/2/2021	Aggregate Contributions \$100.00			
Last Name Bilenker			First Stephanie			MI	
Residential Street Address 57 Urban Street			City Stamford			State CT	Zip Code 06905
Principal Occupation Attorney (Self-employed)			Name of Employer Self-employed/no name				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/3/2021	Aggregate Contributions \$1,000.00			
<b>SUBTOTAL Section B — This Page</b>						\$1,600.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>						33345.49	

Section B ADDITIONAL PAGE 52 of 67

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT
Caroline Simmons for Mayor		7th Day Preceding Primary Filing
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>		
<b>SUBTOTAL SECTION A</b>		\$ 0.00

**B. Itemized Contributions from Individuals**

Last Name <b>Michel</b>		First <b>David</b>		MI	
Residential Street Address <b>4 Rockledge Drive</b>		City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06902</b>	
Principal Occupation <b>Wholesale consultant</b>		Name of Employer <b>Eyes Of Steel</b>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  <b>\$100.00</b>		
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <b>9/3/2021</b>			Aggregate Contributions <b>\$100.00</b>

Last Name <b>Joseph</b>		First <b>George</b>		MI	
Residential Street Address <b>54 Dartley Street</b>		City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06905</b>	
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  <b>\$50.00</b>		
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <b>9/3/2021</b>			Aggregate Contributions <b>\$50.00</b>

Last Name <b>Freston</b>		First <b>Tom</b>		MI	
Residential Street Address <b>57 East 66th Street</b>		City <b>New York</b>	State <b>NY</b>	Zip Code <b>10065</b>	
Principal Occupation <b>media</b>		Name of Employer <b>Firefly3 LLC</b>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  <b>\$500.00</b>		
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <b>9/3/2021</b>			Aggregate Contributions <b>\$500.00</b>

<b>SUBTOTAL Section B — This Page</b>	<b>\$650.00</b>
<b>TOTAL of additional Section B Pages</b>	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	<b>33,345.49</b>

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				7th Day Preceding Primary Filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Nangle			First Marian			MI	
Residential Street Address 191 Sylvan Knoll Road			City Stamford			State CT	Zip Code 06902
Principal Occupation retired			Name of Employer retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/4/2021	Aggregate Contributions \$25.00			
Last Name Blaine			First Martelle			MI	
Residential Street Address 53 Quincy Place Northeast			City Washington			State DC	Zip Code 20002
Principal Occupation Physician Assistant			Name of Employer Anderson Orthopaedic Clinic				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/4/2021	Aggregate Contributions \$50.00			
Last Name Barneby			First Mary			MI	
Residential Street Address 1011 Washington Blvd, #1701			City Stamford			State CT	Zip Code 06901
Principal Occupation CEO			Name of Employer American Red Cross				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/5/2021	Aggregate Contributions \$100.00			
<b>SUBTOTAL Section B — This Page</b>						\$175.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						33 345.49	



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caroline Simmons for Mayor		7th Day Preceding Primary Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$ 0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Adams		First Terry	
Residential Street Address 15 Lipton pl		City Stamford	State CT
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<b>Amount of Contribution</b>  \$50.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/5/2021	
Aggregate Contributions		\$400.00	
Last Name Blomstrom		First Eleanor	
Residential Street Address 26 Coolidge Ave		City Stamford	State CT
Principal Occupation advocate		Name of Employer Advice	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<b>Amount of Contribution</b>  \$50.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/19/2021	
Aggregate Contributions		\$175.00	
Last Name Tarantino		First Shira	
Residential Street Address 455 Hope Street, Suite 4D		City Stamford	State CT
Principal Occupation Homemaker		Name of Employer Homemaker	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<b>Amount of Contribution</b>  \$20.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/23/2021	
Aggregate Contributions		\$620.00	
<b>SUBTOTAL Section B — This Page</b>			\$120.00
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)			33345.49

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caroline Simmons for Mayor		7th Day Preceding Primary Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$ 0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Jacobson		First Lauren	
Residential Street Address 180 Glenbrook Road, #61		City Stamford	State CT
Principal Occupation Attorney		Name of Employer Maya Murphy	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$50.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/6/2021	
		Aggregate Contributions \$200.00	
Last Name Harvey		First Calvine	
Residential Street Address 108 E 96th St, Apt 7D		City NEW YORK	State NY
Principal Occupation Sales		Name of Employer Sotheby's	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$20.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/23/2021	
		Aggregate Contributions \$220.00	
Last Name Brodeur-Sassi		First Tancee	
Residential Street Address 22 Prince Place		City Stamford	State CT
Principal Occupation teacher		Name of Employer Greenwich Academy	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$50.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/23/2021	
		Aggregate Contributions \$50.00	
<b>SUBTOTAL Section B — This Page</b>		\$120.00	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		33345.49	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caroline Simmons for Mayor		7th Day Preceding Primary Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$ 0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name McLaughlin		First Barbara	MI
Residential Street Address 59 HOPE ST, Apt 21A		City STAMFORD	State CT
		Zip Code 06906-2622	
Principal Occupation Consultant		Name of Employer Ochsner Resource Group	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$50.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/11/2021	Aggregate Contributions \$50.00
Last Name Lesperance		First Colette	MI
Residential Street Address 61 Dunn Avenue		City Stamford	State CT
		Zip Code 06905	
Principal Occupation Compliance		Name of Employer Business owner- L & L Group	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$20.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/23/2021	Aggregate Contributions \$20.00
Last Name Laversa		First Wendy	MI
Residential Street Address 150 Southfield Avenue		City Stamford	State CT
		Zip Code 06902	
Principal Occupation Unemployed		Name of Employer Unemployed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$20.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/23/2021	Aggregate Contributions \$20.00
<b>SUBTOTAL Section B — This Page</b>		\$90.00	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		33345.49	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				7th Day Preceding Primary Filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Tang			First Emily			MI	
Residential Street Address 604 Hope Street, #1			City Stamford			State CT	Zip Code 06907
Principal Occupation Communications / Diversity & Inclusion			Name of Employer Charter Communications				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$20.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 8/11/2021		Aggregate Contributions \$520.00		
Last Name Hearn			First Gervais			MI	
Residential Street Address 405 Atlantic Street, #12D			City Stamford			State CT	Zip Code 06901
Principal Occupation Fundraiser			Name of Employer St. Lawrence University				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$20.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 8/23/2021		Aggregate Contributions \$270.00		
Last Name Gevanter			First Alexis			MI	
Residential Street Address 40 Otter Rock Drive			City Greenwich			State CT	Zip Code 06830
Principal Occupation Homemaker			Name of Employer Homemaker				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 8/24/2021		Aggregate Contributions \$200.00		
<b>SUBTOTAL Section B — This Page</b>						\$140.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						33345.49	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				7th Day Preceding Primary Filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Edwards, MD MPH			First Karen			MI	
Residential Street Address 132 Blackberry Drive			City Stamford			State CT	Zip Code 06903
Principal Occupation Professor, Retired Physician			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 8/11/2021	Aggregate Contributions \$200.00			
Last Name Kaiko			First Jackie			MI	
Residential Street Address 76 Mill Road			City Stamford			State CT	Zip Code 06903
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$20.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 8/23/2021	Aggregate Contributions \$545.00			
Last Name Heraghty			First Casey			MI	
Residential Street Address 60 Fawn Drive			City Stamford			State CT	Zip Code 06905
Principal Occupation Reinsurance			Name of Employer MetLife				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 8/24/2021	Aggregate Contributions \$100.00			
<b>SUBTOTAL Section B — This Page</b>						\$220.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						33345.49	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caroline Simmons for Mayor		7th Day Preceding Primary Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		\$ 0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Gilfeather		First Maureen MI	
Residential Street Address 196 HIGH CLEAR DR		City STAMFORD CT Zip Code 06905	
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/15/2021	Aggregate Contributions \$200.00
Last Name Gwozdzowski, PhD		First Joanna MI	
Residential Street Address 191 Van Rensselaer Avenue		City Stamford CT Zip Code 06902	
Principal Occupation Unemployed		Name of Employer Unemployed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/23/2021	Aggregate Contributions \$175.00
Last Name Ecker		First Charlesanna MI	
Residential Street Address 226 Dundee Road		City Stamford CT Zip Code 06903	
Principal Occupation retired		Name of Employer retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/24/2021	Aggregate Contributions \$625.00
<b>SUBTOTAL Section B — This Page</b>		\$170.00	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		33345.49	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				7th Day Preceding Primary Filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Swanberg			First Sarah			MI	
Residential Street Address 57 Ocean drive west			City Stamford			State CT	Zip Code 06902
Principal Occupation Acupuncturist			Name of Employer Indigo Wellness Group				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$20.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/16/2021	Aggregate Contributions \$195.00				
Last Name Sherman-Avidan			First Jocelyn			MI	
Residential Street Address 52 Harvest Hill Lane			City Stamford			State CT	Zip Code 06905
Principal Occupation Fundraising			Name of Employer Greenwich Academy				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$20.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/23/2021	Aggregate Contributions \$56.00				
Last Name Feighan			First Michael			MI	
Residential Street Address 101 Maple Tree Ave., Suite 2L			City Stamford			State CT	Zip Code 06906
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$20.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/24/2021	Aggregate Contributions \$170.00				
<b>SUBTOTAL Section B — This Page</b>						\$60.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						33345.49	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Caroline Simmons for Mayor			7th Day Preceding Primary Filing		
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)			SUBTOTAL SECTION A		
			\$ 0.00		
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Woods Matthews		Michelle			
Residential Street Address		City		State	Zip Code
92 Lancaster Road		West Hartford		CT	06119
Principal Occupation		Name of Employer			
Communications Manager		CT State Treasurer Shawn Wooden			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<b>Amount of Contribution</b>  \$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		8/17/2021	\$20.00		
Last Name		First		MI	
Stowe		Kathleen			
Residential Street Address		City		State	Zip Code
52 Crown Lane		Greenwich		CT	06831
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 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<b>Amount of Contribution</b>  \$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		8/23/2021	\$100.00		
Last Name		First		MI	
Suggs		Rachel			
Residential Street Address		City		State	Zip Code
64 Center St		Westport		CT	06880
Principal Occupation		Name of Employer			
Student		Student			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<b>Amount of Contribution</b>  \$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		8/24/2021	\$20.00		
<b>SUBTOTAL Section B — This Page</b>				\$140.00	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)				33345.49	



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				7th Day Preceding Primary Filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Cassidy			First Amanda			MI	
Residential Street Address 31 Northwoods Road			City Stamford		State CT	Zip Code 06905	
Principal Occupation Homemaker			Name of Employer Homemaker				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 8/18/2021		Aggregate Contributions \$50.00		
Last Name Fay			First Melissa			MI	
Residential Street Address 66 Diamondcrest Lane			City Stamford		State CT	Zip Code 06903	
Principal Occupation Finance			Name of Employer Drexel Hamilton				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 8/23/2021		Aggregate Contributions \$125.00		
Last Name Subrahmanyam			First Ratna			MI	
Residential Street Address 52 Blackberry Drive			City Stamford		State CT	Zip Code 06903	
Principal Occupation Executive			Name of Employer General Electric				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$20.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 8/24/2021		Aggregate Contributions \$20.00		
<b>SUBTOTAL Section B — This Page</b>						<b>\$120.00</b>	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						<b>33345.99</b>	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caroline Simmons for Mayor		7th Day Preceding Primary Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$ 0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Norinsky		First Judy	MI
Residential Street Address 290 Guinea Road		City Stamford	State CT
		Zip Code 06903	
Principal Occupation President, non-profit; real estate agent		Name of Employer Historic Neighborhood Preservation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Amount of Contribution</b>	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<b>\$100.00</b>	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 8/18/2021	Aggregate Contributions \$100.00	
Last Name Druckman		First Robin	MI
Residential Street Address 94 Fieldstone Terrace		City Stamford	State CT
		Zip Code 06902	
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Amount of Contribution</b>	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<b>\$20.00</b>	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 8/23/2021	Aggregate Contributions \$220.00	
Last Name		First	MI
Residential Street Address		City	State
		Zip Code	
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Amount of Contribution</b>	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<b>\$120.00</b>	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received	Aggregate Contributions	
<b>SUBTOTAL Section B — This Page</b>		<b>\$120.00</b>	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		<b>33345.49</b>	

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

**B. Itemized Contributions from Individuals**

Last Name <u>Savage</u>		First <u>Frank</u>		MI	
Residential Street Address <u>1 Broad St. PH-D5</u>		City <u>Stamford</u>		State <u>CT</u>	Zip Code <u>06901</u>
Principal Occupation <u>retired</u>		Name of Employer <u>retired</u>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  <u>\$500</u>	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <u>E</u>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>9/1/21</u>			
		Aggregate Contributions <u>\$500</u>			

Last Name <u>Savage</u>		First <u>Lolita</u>		MI	
Residential Street Address <u>1 Broad St. PH D-5</u>		City <u>Stamford</u>		State <u>CT</u>	Zip Code <u>06901</u>
Principal Occupation <u>fine artist and homemaker</u>		Name of Employer <u>Self employed</u>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  <u>\$250</u>	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <u>E</u>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received			
		Aggregate Contributions			

Last Name <u>Wise</u>		First <u>Carl</u>		MI	
Residential Street Address <u>1 Strawberry Hill Ct Apt 3H</u>		City <u>Stamford</u>		State <u>CT</u>	Zip Code <u>06907</u>
Principal Occupation <u>managing director</u>		Name of Employer <u>Hunt Capital Partners</u>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  <u>\$100</u>	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>9/1/21</u>			
		Aggregate Contributions			

<b>SUBTOTAL Section B — This Page</b>	<u>\$850</u>
<b>TOTAL of additional Section B Pages</b>	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	<u>33,345.49</u>

Section B ADDITIONAL PAGE 65 of 67

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Candice Simmons for Mayor				Friday preceding primary	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name Prial		First Virginia		MI	
Residential Street Address 656 Westover Rd		City Stamford		State CT	Zip Code 06902
Principal Occupation retired		Name of Employer retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>E</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		\$100.00	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/26/21	Aggregate Contributions		
Last Name Crown		First Paula		MI	
Residential Street Address 222 N. LaSalle Street Suite 2000		City Chicago		State IL	Zip Code 60601
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		\$399	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/23/21	Aggregate Contributions \$399		
Last Name Corbett		First Kathleen		MI	
Residential Street Address 49 Cross Ridge Road		City New Canaan		State CT	Zip Code 06840
Principal Occupation consultant		Name of Employer Crossridge Capital LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>E</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		\$500	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate Contributions		
<b>SUBTOTAL Section B — This Page</b>				\$ 999	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)				33345.49	

Section B ADDITIONAL PAGE 66 of 67

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
(Caroline Jimmons) for mayor	7th Day Proceedings Primary
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name <u>Hill</u>		First <u>Winton</u>		MI	
Residential Street Address			City <u>Stamford</u>	State <u>CT</u>	Zip Code <u>06906</u>
Principal Occupation <u>clergy</u>			Name of Employer <u>self employed</u>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  <u>\$1,000</u>	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>8/20/21</u>			

Last Name <u>Gjuraj</u>		First <u>Lvshe</u>		MI	
Residential Street Address <u>10606 High Ridge Road</u>			City <u>Stamford</u>	State <u>CT</u>	Zip Code <u>06905</u>
Principal Occupation			Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Amount of Contribution</b>  <u>100</u>	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>8/20/21</u>			

Last Name <u>Crown</u>		First <u>James</u>		MI <u>S</u>	
Residential Street Address <u>222 Nam LaSalle St. Suite 2000</u>			City <u>Chicago</u>	State <u>IL</u>	Zip Code <u>60601</u>
Principal Occupation <u>president</u>			Name of Employer <u>Henry Crown + company</u>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  <u>399.00</u>	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>8/23/21</u>			
				Aggregate Contributions <u>399.00</u>	

<b>SUBTOTAL Section B — This Page</b>	<u>\$1,499</u>
<b>TOTAL of additional Section B Pages</b>	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)	<u>33345.49</u>

Section B ADDITIONAL PAGE 67 of 67

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Caroline's Immunity for Mayor				7th day proceedings primary	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Keatley		Brendon		T	
Residential Street Address		City		State	Zip Code
97 Ocell Kd		Thumbull		CT	06611
Principal Occupation		Name of Employer			
Deputy fire marshal		City of Stamford			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$ 250	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			\$ 250		
Last Name		First		MI	
Northrop		Richard			
Residential Street Address		City		State	Zip Code
20 Grahampton Lane		Greenwich		CT	06330
Principal Occupation		Name of Employer			
Banker		Portico Capital Advisors			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$ 250	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			\$ 250		
Last Name		First		MI	
Truglia		Christel			
Residential Street Address		City		State	Zip Code
43 Harbor Drive		Stamford		CT	06902
Principal Occupation		Name of Employer			
retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$ 500.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		8/10/21	500		
<b>SUBTOTAL Section B — This Page</b>					
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)				33345.49	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT	
Caroline Simmons for Mayor						7 <sup>th</sup> day preceding primary	
<b>C1. Contributions from Other Committees</b>							
Name of Committee				Name of Treasurer			
Peoples United Bank State PAC				Deborah Healey			
Address			Is this contribution associated with an event reported in Section L1?			Amount of Contribution	
850 main st. 13 <sup>th</sup> floor			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____			\$100.00	
City	State	Zip Code	Date Received	Aggregate Contributions			
Bridgeport	CT	06604	7/5/21	\$100			
Name of Committee				Name of Treasurer			
Third street PAC				Dean M O'Brien			
Address			Is this contribution associated with an event reported in Section L1?			Amount of Contribution	
200 Wintthrop st 3rd Floor			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____			\$250	
City	State	Zip Code	Date Received	Aggregate Contributions			
new Britain	CT	06604	7/1/21	\$250			
Name of Committee				Name of Treasurer			
Matt Ritter PAC				Russell Jarem			
Address			Is this contribution associated with an event reported in Section L1?			Amount of Contribution	
83 Oxford Street			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____			\$1,000	
City	State	Zip Code	Date Received	Aggregate Contributions			
Hartford	CT	06105	7/7/21	\$1,000			
<b>C2. Reimbursements or Surplus Distributions from other Committees</b>							
Name of Committee				Name of Treasurer			
Address				City		State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type		Amount of Receipt			
		<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus Distribution					
Description							
Name of Committee				Name of Treasurer			
Address				City		State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type		Amount of Receipt			
		<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus Distribution					
Description							
<b>SUBTOTAL Section C — This Page</b>						\$1,350	
<b>TOTAL of additional Section C Pages</b>						\$0.00 1	
<b>TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS</b> (Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)						\$2,350	

Section C1. ADDITIONAL PAGE 1 of 1

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Caroline Simmons for mayor	7 day preceding primary

**C1. Contributions from Other Committees**

Name of Committee				Name of Treasurer	
SEIU state council PAC				Roland Bishop	
Address			Is this contribution associated with an event reported in Section L1?		Amount of Contribution
760 Capitol Ave.			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		
City	State	Zip Code	Date Received	Aggregate Contributions	
Hartford	CT	06106	8/20/21	\$1,000	\$1,000

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

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

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

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

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

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

<b>SUBTOTAL Section C — This Page</b>	\$1,000
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
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Caroline Simon Brandy

Thirdy proceedingsman

**D. Loans Received this Period**

Name of Lender		Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee		Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor (if applicable)				Amount Received
Street Address	City	State	Zip Code	
Name of Lender		Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee		Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor (if applicable)				Amount Received
Street Address	City	State	Zip Code	
Name of Lender		Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee		Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor (if applicable)				Amount Received
Street Address	City	State	Zip Code	

**TOTAL SECTION D**

**E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)**

Name of Entity				
Street Address			Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions	
Name of Entity				
Street Address			Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions	
Name of Entity				
Street Address			Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions	

**TOTAL SECTION E**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
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<i>Cannibus mm Dns Farmaya</i>	<i>7th day preceding primary</i>
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**F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)**

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

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

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

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

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

**I. Anonymous Contributions**

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

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

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
<i>Caroline Simmons for Mayor</i>	<i>The day preceding primary</i>

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

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

**TOTAL SECTION J**

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

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

**TOTAL SECTION K**

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

Total Loans Received this Period (Section D)		
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+	
Total Amount Transferred from Affiliated Business Treasury (Section F)	+	
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+	
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+	
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+	
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+	
<b>Total of Other Monetary Receipts</b>		
<i>(Add Sections D through K) (Enter total on Line 15, Column A of Summary Page Totals)</i>		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) **Caroline Jimenez for mayor** TYPE OF REPORT **7th day preceding primary**

### L1. Event Information

Event # Date of Event	Letter	Description	Was this a fundraising event?
8/12/15	E	meet and greet	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Location: Street Address <b>1 Broad St PHOS</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06901</b>
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**Subpart 1: (All Committees)**  
Was this event hosted at a personal residence?  
 Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)  
 No

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

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 Receipts here.)  
 No → \$

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

**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 Receipts here.)  
 No → \$

Event # Date of Event	Letter	Description	Was this a fundraising event?
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Location: Street Address	City	State	Zip Code

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

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

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 Receipts here.)  
 No → \$

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

**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 Receipts here.)  
 No → \$

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

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

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

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> <i>Carlisle, Simon &amp; Mayor</i>	TYPE OF REPORT <i>7th day pre-emptive</i>
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**L3. Purchases of Advertising in a Program Book or on a Sign**

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

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
---------------	---------	------------------------------------	-------------------------------	-------------------------

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

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
---------------	---------	------------------------------------	-------------------------------	-------------------------

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

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
---------------	---------	------------------------------------	-------------------------------	-------------------------

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

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
---------------	---------	------------------------------------	-------------------------------	-------------------------

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

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
---------------	---------	------------------------------------	-------------------------------	-------------------------

<b>SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page</b>				
<b>SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page</b>				
<b>TOTAL of additional Section L3 Pages</b>				
<b>TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN</b> <i>(Enter total on Line 16c, Column A of Summary Page Totals)</i>				

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
<i>Carol Simmons for Mayor</i>				<i>7 day period reporting</i>	
<b>L4. In-Kind Donations Not Considered Contributions</b>					
Name of Donor					
Street Address			City		State
Zip Code					
Donation Given By:		Description of Donation			<b>Fair Market Value of Donation</b>
<input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship		Date Received	Event #	Aggregate Value for this Event	
Name of Donor					
Street Address			City		State
Zip Code					
Donation Given By:		Description of Donation			<b>Fair Market Value of Donation</b>
<input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship		Date Received	Event #	Aggregate Value for this Event	
Name of Donor					
Street Address			City		State
Zip Code					
Donation Given By:		Description of Donation			<b>Fair Market Value of Donation</b>
<input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship		Date Received	Event #	Aggregate Value for this Event	
Name of Donor					
Street Address			City		State
Zip Code					
Donation Given By:		Description of Donation			<b>Fair Market Value of Donation</b>
<input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship		Date Received	Event #	Aggregate value for this Event	
Name of Donor					
Street Address			City		State
Zip Code					
<b>SUBTOTAL Section L4 — This Page</b>					
<b>TOTAL of additional Section L4 Pages</b>					
<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS</b>					
<i>(Enter total on Line 21, Column A of Summary Page Totals)</i>					

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

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Caroline Simmons for mayor			7th day piece in program	
<b>L5. In-Kind Donations Not Considered Contributions Associated with a House Party</b>				
Name of Host		Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Lolita Savage		If yes, complete Itemization in Addendum L5		
Street Address		City	State	Zip Code
1 Broad St. Apt PHDS		Stamford	CT	06901
Description of Donation			Fair Market Value of Donation	
food for guests			\$400	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
E		\$400		
Name of Host		Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		If yes, complete Itemization in Addendum L5		
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host		Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		If yes, complete Itemization in Addendum L5		
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host		Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		If yes, complete Itemization in Addendum L5		
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
<b>SUBTOTAL Section L5 — This Page</b>			\$ 400	
<b>TOTAL of additional Section L5 Pages</b>				
<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY</b> <i>(Enter total on Line 22, Column A of Summary Page Totals)</i>			\$ 400	

### III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
<i>Carrollinusimmoniter mayor</i>	<i>7m day procedure primary</i>

#### M. In-Kind Contributions

Name					
Street Address			City	State	Zip Code
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Fair Market Value of this Contribution</b>	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No				

Name					
Street Address			City	State	Zip Code
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Fair Market Value of this Contribution</b>	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No				

Name					
Street Address			City	State	Zip Code
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Fair Market Value of this Contribution</b>	
Is this contribution associated with an event reported listed in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No				

**SUBTOTAL Section M — This Page**

**TOTAL of additional Section M Pages**

**TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of Summary Page Totals)**

#### N. Refundable Deposit to Telephone Company

Last Name of Individual		First	MI	Date Deposit Made	
Residential Street Address			City	State	Zip Code
<b>Amount of Deposit</b>					
Name of Telephone Company					
Street Address			City	State	Zip Code

**TOTAL SECTION N (Enter total on Line 24, Column A of Summary Page Totals)**



**IV. EXPENDITURES (Sections P—T)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Caroline Simmons for Mayor			7th day preclaiming program	
<b>P. Expenses Paid by Committee</b>				
Name of Payee		Date of Payment	Method of Payment:	
Optimum		7/15/21	<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
PO box 70340		Philadelphia	PA	19136
Purpose of Expenditure (by code)	Description	Event #	Amount	
WEB	Internet service at headquarters		\$ 541.60	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Basecamp		7/15/21	<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
2045 W. Grand Ave Suite B		Chicago	IL	60612
Purpose of Expenditure (by code)	Description	Event #	Amount	
MISC	Online platform for campaign team to communicate		\$ 210.58	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Mill River Park Collaborative		8/3/21	<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
1010 Washington Blvd		Stamford	CT	06901
Purpose of Expenditure (by code)	Description	Event #	Amount	
CHAR	Picnic permit		\$ 75	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
VistaPrint		7/30/21	<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
170 Data Drive		Waltham	MA	02451
Purpose of Expenditure (by code)	Description	Event #	Amount	
A-OTH	Postcards Printing of campaign materials		\$ 95.70	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
<b>SUBTOTAL Section P — This Page</b>			922.88	
<b>TOTAL of additional Section P Pages</b>				
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> (Enter total on Line 19, Column A of Summary Page Totals)			179,975.70	

Section P ADDITIONAL PAGE 1 of 11

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Caroline Simmons for Mayor			7th day preceding an election		
P. Expenses Paid by Committee					
Name of Payee		Date of Payment	Method of Payment:		
First County Bank		9/2/21	<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT		
Street Address		City	State	Zip Code	
1042 High Ridge Road		Stamford	CT	06905	
Purpose of Expenditure (by code)	Description	Event #		Amount	
BNK	Wire fees 7/1/21 - 9/15/21			\$100.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:		
Talk John Getthm		9/2/21	<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address		City	State	Zip Code	
PO Box 2690		Alameda	CA	94501	
Purpose of Expenditure (by code)	Description	Event #		Amount	
A-OTH	texting service			661.49	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:		
Lily Marrone		9/3/21	<input checked="" type="checkbox"/> Check # 351 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address		City	State	Zip Code	
135 E. Elm St		Greenwich	CT	06830	
Purpose of Expenditure (by code)	Description	Event #		Amount	
CNSLT	consulting services - field			\$1,500	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:		
Kenneth Neal Jr.		9/3/21	<input checked="" type="checkbox"/> Check # 352 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address		City	State	Zip Code	
1622 Farmington Ave, 1		Unionville	CT	06085	
Purpose of Expenditure (by code)	Description	Event #		Amount	
CNSLT	consulting services - field			\$1,500	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
SUBTOTAL Section P — This Page			\$3,761.49		
TOTAL of additional Section P Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)			179,975.70		

**Section P ADDITIONAL PAGE** 2 **of** 11

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Caroline Simmons Ex mayor			7th day proceedings		
<b>P. Expenses Paid by Committee</b>					
Name of Payee			Date of Payment	Method of Payment:	
Alphagraphics Stamford			8/30/21	<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code	
16 Dyke Lane		Stamford	CT	06902	
Purpose of Expenditure (by code)	Description	Event #		Amount	
A-OTH	printing - postcards			105.24	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment	Method of Payment:	
Defiant Global Communications			8/30/21	<input checked="" type="checkbox"/> Check # 308 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code	
8499 South Tamiami Trail		Sarasota	FL	34238	
Purpose of Expenditure (by code)	Description	Event #		Amount	
A-PH-BJL	texting + data program			\$1,200	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment	Method of Payment:	
Hearst newspaper Group			08/30/21	<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code	
			CT		
Purpose of Expenditure (by code)	Description	Event #		Amount	
A-News	advertisement newspaper-dis			1926.48	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment	Method of Payment:	
Geraldine Unze			7/5/21	<input checked="" type="checkbox"/> Check # 181 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code	
54 Myrtle Ave Unit 3		Stamford	CT	06902	
Purpose of Expenditure (by code)	Description	Event #		Amount	
CNSLT	field organizing consultant			\$1500.	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page			\$ 4,731.72		
TOTAL of additional Section P Pages					
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> <small>(Enter total on Line 19, Column A of Summary Page Totals)</small>			179,975.90		

Section P ADDITIONAL PAGE 3 of 11

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caroline Summers for Mayor		Am day preceded in primary	
<b>P. Expenses Paid by Committee</b>			
Name of Payee		Date of Payment	Method of Payment:
Geraldine Unbe		7/30/21	<input checked="" type="checkbox"/> Check # 206 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City	State Zip Code
54 Myrtle Ave Unit 3		Stamford	CT 06902
Purpose of Expenditure (by code)	Description	Event #	Amount
CNSLT	Field organizing consulting		\$1500
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee		Date of Payment	Method of Payment:
Geraldine Unbe		8/2/21	<input checked="" type="checkbox"/> Check # 301 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City	State Zip Code
54 Myrtle Ave Unit 3		Stamford	CT 06902
Purpose of Expenditure (by code)	Description	Event #	Amount
CNSLT	Field organizing + campaign consulting		\$1500
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee		Date of Payment	Method of Payment:
Dean Pigott		7/5/21	<input checked="" type="checkbox"/> Check # 183 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City	State Zip Code
15 Quaker Ridge Rd		Stamford	CT 06903
Purpose of Expenditure (by code)	Description	Event #	Amount
CNSLT	Campaign consultant		\$1500
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee		Date of Payment	Method of Payment:
Dean Pigott		7/30/21	<input checked="" type="checkbox"/> Check # 207 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City	State Zip Code
15 Quaker Ridge Rd		Stamford	CT 06903
Purpose of Expenditure (by code)	Description	Event #	Amount
CNSLT	Campaign consultant		\$1500
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
SUBTOTAL Section P — This Page		6,000	
TOTAL of additional Section P Pages			
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)		179,975.70	

Section P ADDITIONAL PAGE 4 of 11

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Caroline Simmons for Mayor			7th day preceding primary		
<b>P. Expenses Paid by Committee</b>					
Name of Payee		Date of Payment		Method of Payment:	
Dean Pigott		8/21/21		<input checked="" type="checkbox"/> Check # 303 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City		State	Zip Code
15 Quaker Ridge Rd		Stamford		CT	06903
Purpose of Expenditure (by code)	Description		Event #	Amount	
CONSULT	Campaign consultant			\$1500	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee		Date of Payment		Method of Payment:	
Maggie Meister		7/5/21		<input type="checkbox"/> Check # 162 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City		State	Zip Code
15 White Birch Lane		Stamford		CT	06905
Purpose of Expenditure (by code)	Description		Event #	Amount	
CONSULT	Campaign consultant			1500	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee		Date of Payment		Method of Payment:	
Maggie Meister		7/30/21		<input checked="" type="checkbox"/> Check # 208 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City		State	Zip Code
15 White Birch Lane		Stamford		CT	06905
Purpose of Expenditure (by code)	Description		Event #	Amount	
CONSULT	Campaign consultant - social media			1500	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee		Date of Payment		Method of Payment:	
Maggie Meister		8/21/21		<input type="checkbox"/> Check # 302 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City		State	Zip Code
15 White Birch Lane		Stamford		CT	06905
Purpose of Expenditure (by code)	Description		Event #	Amount	
CONSULT	Campaign consultant online social media			1500	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
<b>SUBTOTAL Section P — This Page</b>			6,000		
<b>TOTAL of additional Section P Pages</b>					
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>			179,975.70		

Section P ADDITIONAL PAGE 5 of 11

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <u>Caroline Simmons for Mayor</u>	TYPE OF REPORT <u>7th day preceding primary</u>
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**P. Expenses Paid by Committee**

Name of Payee <u>Arthur Augustyn</u>		Date of Payment <u>7/21/21</u>	Method of Payment: <input checked="" type="checkbox"/> Check # <u>202</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <u>2389 main st, suite 100</u>		City <u>Glastonbury</u>		State <u>CT</u> Zip Code <u>06033</u>
Purpose of Expenditure (by code) <u>CNSU</u>	Description <u>campaign management</u>	Event #		Amount <u>\$ 3500</u>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			

Name of Payee <u>Arthur Augustyn</u>		Date of Payment <u>8/21/21</u>	Method of Payment: <input checked="" type="checkbox"/> Check # <u>305</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <u>2389 main st suite 100</u>		City <u>Glastonbury</u>		State <u>CT</u> Zip Code <u>06033</u>
Purpose of Expenditure (by code) <u>CNSU</u>	Description <u>campaign management</u>	Event #		Amount <u>3500</u>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			

Name of Payee <u>Susana Vidan</u>		Date of Payment <u>7/27/21</u>	Method of Payment: <input checked="" type="checkbox"/> Check # <u>203</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <u>12 pell place</u>		City <u>Stamford</u>		State <u>CT</u> Zip Code <u>06905</u>
Purpose of Expenditure (by code) <u>CNSU</u>	Description <u>general campaign consulting</u>	Event #		Amount <u>\$3500</u>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			

Name of Payee <u>Bryson Gillette</u>		Date of Payment <u>8/28/21</u>	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address <u>10 E Yanonah St.</u>		City <u>Santa Barbara</u>		State <u>CA</u> Zip Code <u>93101</u>
Purpose of Expenditure (by code) <u>A-DM</u>	Description <u>palmcards + mail</u>	Event #		Amount <u>13071.26</u>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			

SUBTOTAL Section P — This Page	<u>23,571.26</u>
TOTAL of additional Section P Pages	
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>	<u>179,975.70</u>

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carolanne Simmons for Mayor				7m day proceedings primary	
<b>P. Expenses Paid by Committee</b>					
Name of Payee			Date of Payment		Method of Payment:
Bryson Gillette			7/27/21		<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address		City		State	Zip Code
10 E. Yanolani Street		Santa Barbara		CA	93101
Purpose of Expenditure (by code)	Description		Event #		Amount
A-DM	retainer fee				\$5,000
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
Name of Payee			Date of Payment		Method of Payment:
Bryson Gillette			8/12/21		<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address		City		State	Zip Code
10 E. Yanolani Street		Santa Barbara		CA	93101
Purpose of Expenditure (by code)	Description		Event #		Amount
A-DM	mail pieces.				\$21,238.74
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
Name of Payee			Date of Payment		Method of Payment:
Bryson Gillette			8/23/21		<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address		City		State	Zip Code
10 E. Yanolani Street		Santa Barbara		CA	93101
Purpose of Expenditure (by code)	Description		Event #		Amount
A-Web	digital advertising				\$25,000
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
Name of Payee			Date of Payment		Method of Payment:
Bryson Gillette			7/1/21		<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address		City		State	Zip Code
10 E. Yanolani St.		Santa Barbara		CA	93101
Purpose of Expenditure (by code)	Description		Event #		Amount
A-DM	retainer fee				\$10,000
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
<b>SUBTOTAL Section P — This Page</b>				\$61,238.74	
<b>TOTAL of additional Section P Pages</b>					
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> <small>(Enter total on Line 19, Column A of Summary Page Totals)</small>				179,975.70	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Caroline Simmons for Mayor				For days preceding primary	
<b>P. Expenses Paid by Committee</b>					
Name of Payee			Date of Payment		Method of Payment:
Bryson Gillette			9/11/21		<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
10 E. Yanolani St.		Santa Barbara		CA	93101
Purpose of Expenditure (by code)	Description		Event #	<b>Amount</b>	
A-DM	mailers				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				<b>24,833.20</b>
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Leah Kagan Consulting LLC			7/1/21		<input checked="" type="checkbox"/> Check # 178 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
141 Vine Road		Stamford		CT	06905
Purpose of Expenditure (by code)	Description		Event #	<b>Amount</b>	
CONSULT	consultant				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				<b>\$ 8,361.19</b>
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
marcia selden catering			7/20/21		<input checked="" type="checkbox"/> Check # 201 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
65 Research Drive		Stamford		CT	06905
Purpose of Expenditure (by code)	Description		Event #	<b>Amount</b>	
FNDP	Remainder payment from previous event		2 (July 19 films)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				<b>44.43</b>
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Breakthrough Campaign			7/30/21		<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address		City		State	Zip Code
3 Columbus Circle		New York		NY	10019
Purpose of Expenditure (by code)	Description		Event #	<b>Amount</b>	
POLLS	Poll				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				<b>\$19,300</b>
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
<b>SUBTOTAL Section P — This Page</b>				<b>52,538.82</b>	
<b>TOTAL of additional Section P Pages</b>					
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> <small>(Enter total on Line 19, Column A of Summary Page Totals)</small>				<b>179,975.70</b>	



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
CAROLINE JIMMORAY Mayor			7th day proceedings primary		
<b>P. Expenses Paid by Committee</b>					
Name of Payee		Date of Payment		Method of Payment:	
Evan Aspinwall		7/15/21		<input checked="" type="checkbox"/> Check # 200 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City		State	Zip Code
1442 Essex Rd		Westbrook		CT	06198
Purpose of Expenditure (by code)	Description	Event #		Amount	
A-OTH	video production			2050	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee		Date of Payment		Method of Payment:	
Lauren Meyer		8/21/21		<input checked="" type="checkbox"/> Check # 205 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City		State	Zip Code
300 Hais Avenue		Stamford		CT	06905
Purpose of Expenditure (by code)	Description	Event #		Amount	
CNSLT	Campaign management consulting			\$ 4000	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee		Date of Payment		Method of Payment:	
Arthur Augustyn		8/21/21		<input checked="" type="checkbox"/> Check # 306 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City		State	Zip Code
2389 main st. suite 100		Glastonbury		CT	06033
Purpose of Expenditure (by code)	Description	Event #		Amount	
RMB	reimbursement			\$ 115.91	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee		Date of Payment		Method of Payment:	
Alphasgraphics		8/21/21		<input checked="" type="checkbox"/> Check # 304 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City		State	Zip Code
16 Dyke Lane		Stamford		CT	06902
Purpose of Expenditure (by code)	Description	Event #		Amount	
A-SIGN	Lawm signs			\$4,775.04	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
<b>SUBTOTAL Section P — This Page</b>			10,940.95		
<b>TOTAL of additional Section P Pages</b>					
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>			179,975.70		

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carmine Immen Forman of				7nd day proceeding from any	
<b>P. Expenses Paid by Committee</b>					
Name of Payee			Date of Payment	Method of Payment:	
Half Full Brewery			01/16/21	<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City		State	Zip Code
575 Pacific Street		Stamford		CT	06902
Purpose of Expenditure (by code)	Description		Event #	Amount	
misc	event space for non-fundraising event			\$265.63	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment	Method of Payment:	
Zoom			7/1-9/15/21	<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City		State	Zip Code
55 Almaden Blvd 6th FL		San Jose		CA	95113
Purpose of Expenditure (by code)	Description		Event #	Amount	
WEB	web services for video 7/1-9/15			\$63.78	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment	Method of Payment:	
constant contact			7/1-9/15/21	<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City		State	Zip Code
1601 Trapelo Rd, Suite 329		Waltham		MA	02451
Purpose of Expenditure (by code)	Description		Event #	Amount	
WEB	email platform for communication			\$95.72	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment	Method of Payment:	
Anedot &			7/1-9/15/21	<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City		State	Zip Code
1340 Poydras St		New Orleans		LA	70112
Purpose of Expenditure (by code)	Description		Event #	Amount	
WEB	donation processing semu			\$1,267.20	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
<b>SUBTOTAL Section P — This Page</b>				\$1,692.33	
<b>TOTAL of additional Section P Pages</b>					
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> <small>(Enter total on Line 19, Column A of Summary Page Totals)</small>				179,975.70	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
(Candidate) Immons for mayor			primary preceding primary		
<b>P. Expenses Paid by Committee</b>					
Name of Payee		Date of Payment		Method of Payment:	
Lauren meyer		8/26/21		<input checked="" type="checkbox"/> Check # 307 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City		State	Zip Code
300 Haig Avenue		Stamford		CT	06905
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
RMB	reimbursement for postage purchase			\$550	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee		Date of Payment		Method of Payment:	
United States Postal service		8/6/21		<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City		State	Zip Code
19 High Ridge Rd		Stamford		CT	06905
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
POST	postage			\$385.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee		Date of Payment		Method of Payment:	
Staples		8/6/21		<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City		State	Zip Code
2299 summer street		Stamford		CT	06905
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
POST	envelopes			\$63.78	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee		Date of Payment		Method of Payment:	
alpha graphics stamford		8/18/21		<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City		State	Zip Code
16 Dyke Lane		stamford		CT	06902
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
A-OTH	printing services			78.96	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
<b>SUBTOTAL Section P — This Page</b>			1077.74		
<b>TOTAL of additional Section P Pages</b>					
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>			1799.70		

Section P ADDITIONAL PAGE 11 of 11

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT

Candle Symposium for Mayor 7th day preceding primary

**P. Expenses Paid by Committee**

Name of Payee: Lauren Meyer Date of Payment: 9/3/21 Method of Payment:  Check # 353  
 Debit Card  EFT

Street Address: 300 Hais Avenue City: Stamford State: CT Zip Code: 06905

Purpose of Expenditure (by code): CNSLT Description: campaign consulting Event #:  Amount: \$4,000  
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)  Independent  
 Coordinated without reimbursement sought (in-kind contribution)  Organization:  A  B  C  D

Name of Payee: Arthur Augustyn Date of Payment: 9/3/21 Method of Payment:  Check # 354  
 Debit Card  EFT

Street Address: 2389 main St, suite 100 City: Glastonbury State: CT Zip Code: 06033

Purpose of Expenditure (by code): CNSLT Description: campaign consulting Event #:  Amount: \$3,500  
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)  Independent  
 Coordinated without reimbursement sought (in-kind contribution)  Organization:  A  B  C  D

Name of Payee:  Date of Payment:  Method of Payment:  Check #   
 Debit Card  EFT

Street Address:  City:  State:  Zip Code:

Purpose of Expenditure (by code):  Description:  Event #:  Amount:   
Expenditure # (if applicable):  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked):  
 None of the below  Coordinated with reimbursement sought (joint expenditure)  Independent  
 Coordinated without reimbursement sought (in-kind contribution)  Organization:  A  B  C  D

Name of Payee:  Date of Payment:  Method of Payment:  Check #   
 Debit Card  EFT

Street Address:  City:  State:  Zip Code:

Purpose of Expenditure (by code):  Description:  Event #:  Amount:   
Expenditure # (if applicable):  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked):  
 None of the below  Coordinated with reimbursement sought (joint expenditure)  Independent  
 Coordinated without reimbursement sought (in-kind contribution)  Organization:  A  B  C  D

**SUBTOTAL Section P — This Page** 7500

**TOTAL of additional Section P Pages**

**TOTAL OF ALL EXPENSES PAID BY COMMITTEE** 179,975.70  
(Enter total on Line 19, Column A of Summary Page Totals)

**IV. EXPENDITURES (Sections P—T)**

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Caroline Simmons for Mayor			7 day proceedings	
<b>Q. Campaign Expenses Paid by Candidate</b>				
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State    Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State    Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State    Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State    Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State    Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>	
<b>SUBTOTAL Section Q — This Page</b>				
<b>TOTAL of additional Section Q Pages</b>				
<b>TOTAL OF ALL EXPENSES PAID BY CANDIDATE</b> <i>(Enter total on Line 26, Column A of Summary Page Totals)</i>				

**IV. EXPENDITURES (Sections P—T)**

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>						TYPE OF REPORT	
<i>Caroline Simmons for Mayor</i>						<i>7th day preceding primary</i>	
<b>R. Expenses Incurred on Committee Credit Card</b>							
Name of Issuing Institution				Type of Credit Card:			
				<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other:			
Name of Vendor, Person or Entity						Date of Transaction	
Street Address				City		State	Zip Code
Purpose of Expenditure (by code)		Description			Event #		<b>Amount</b>
Expenditure # (if applicable)		Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i>					
		<input type="checkbox"/> None of the below <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)					
Name of Vendor, Person or Entity						Date of Transaction	
Street Address				City		State	Zip Code
Purpose of Expenditure (by code)		Description			Event #		<b>Amount</b>
Expenditure # (if applicable)		Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i>					
		<input type="checkbox"/> None of the below <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)					
Name of Vendor, Person or Entity						Date of Transaction	
Street Address				City		State	Zip Code
Purpose of Expenditure (by code)		Description			Event #		<b>Amount</b>
Expenditure # (if applicable)		Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i>					
		<input type="checkbox"/> None of the below <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)					
Name of Vendor, Person or Entity						Date of Transaction	
Street Address				City		State	Zip Code
Purpose of Expenditure (by code)		Description			Event #		<b>Amount</b>
Expenditure # (if applicable)		Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i>					
		<input type="checkbox"/> None of the below <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)					
<b>SUBTOTAL Section R — This Page</b>							
<b>TOTAL of additional Section R Pages</b>							
<b>TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD</b>							
<i>(Enter total on Line 27, Column A of Summary Page Totals)</i>							

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Caroline Immision for my of				7th day proceedings primary	
<b>S. Expenses Incurred by Committee but Not Paid During this Period</b>					
Name of Creditor Bryson Gillette				Date Incurred 9/1/21	
Street Address 10 E. Yamolami street			City Santa Barbara	State CA	Zip Code 93101
Purpose of Expenditure (by code) A-OTH	Description september payment		Event #		<b>Amount Incurred</b> <i>(Estimate or Actual)</i>
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i>				5000
	<input checked="" type="checkbox"/> None of the below	<input type="checkbox"/> Independent	<input type="checkbox"/> Organization: <input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C
	<input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure)	<input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Creditor EI 501 news				Date Incurred 9/3/21	
Street Address 40 midland Ave			City Stamford	State CT	Zip Code 06906
Purpose of Expenditure (by code) A+News	Description		Event #		<b>Amount Incurred</b> <i>(Estimate or Actual)</i>
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i>				700
	<input type="checkbox"/> None of the below	<input type="checkbox"/> Independent	<input type="checkbox"/> Organization: <input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C
	<input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure)	<input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Creditor				Date Incurred	
Street Address			City	State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		<b>Amount Incurred</b> <i>(Estimate or Actual)</i>
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i>				
	<input type="checkbox"/> None of the below	<input type="checkbox"/> Independent	<input type="checkbox"/> Organization: <input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C
	<input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure)	<input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
<b>SUBTOTAL Section S-This Page</b>					5700
<b>TOTAL of additional Section S Pages</b>					0
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID</b> <i>(Enter total on Line 28, Column A of Summary Page Totals)</i>					5700
<b>Previously reported Expenses Unpaid and still Outstanding</b>					
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID</b> <i>(Enter total on Line 28a, Column A of Summary Page Totals)</i>					5700

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Caroline Simmons / Mary			Friday preceding primary		
<b>T. Itemization of Reimbursements and Secondary Payees</b>					
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Meyer		Lauren			
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P:	
United States Postal Service				<input checked="" type="checkbox"/> Check # 307 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City		State Zip Code
550 Summer Street			Stamford		CT 06901
Purpose of Expenditure (by code)	Description	Event #		Amount	
POST	Stamps purchase			\$ 5.50	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)				
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Augustyn		Arthur			7/7/21
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P:	
Target				<input checked="" type="checkbox"/> Check # 306 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City		State Zip Code
21 Broad St			Stamford		CT 06901
Purpose of Expenditure (by code)	Description	Event #		Amount	
OFFICE	garbage bags			\$ 49.98	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)				
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Augustyn		Arthur			7/19/21
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P:	
Target				<input checked="" type="checkbox"/> Check # 306 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City		State Zip Code
21 Broad St			Stamford		CT 06901
Purpose of Expenditure (by code)	Description	Event #		Amount	
OFFICE	office supplies			\$ 12.75	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)				
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section T — This Page				612.73	
TOTAL of additional Section T Pages					
<b>TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS</b>				665.91	



### IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Caroline Immerman Mayor				Friday preceding primary	
<b>T. Itemization of Reimbursements and Secondary Payees</b>					
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Augustyn		AANUR			8/14/21
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P:	
Target				<input checked="" type="checkbox"/> Check # 306 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State	Zip Code
21 Broad St.		Stamford		CT	06901
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
OFFICE	Office supplies			\$ 53.18	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)				
	<input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P:	
				<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)				
	<input type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P:	
				<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)				
	<input type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
<b>SUBTOTAL Section T — This Page</b>				53.18	
<b>TOTAL of additional Section T Pages</b>				21	
<b>TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS</b>				665.91	