SEEC FORM 20

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

Auth Malley Deg 1 of 17
9/7/21

Do Not Mark in This Space For Official Use Only

COVER PAGE

		V LOIN I	AGE					
1. NAME OF COMMITTEE								
Caroline simmons	for mayor							
2. TREASURER NAME								
First Leah	M R	Last	agan				Suffix	
3. TREASURER ADDRESS								
Street Address		City	0 1		State	Zip Cod		
141 Vine Road		Stam	tord		CT		905	
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complet	e only if Candid	ate Committee)				ICT NUMBER	
(mm/dd/yyyy) \\ 02 2 \	mayor					(if applicable)		
7. CANDIDATE NAME (Complete only if C	Candidate or Exploratory Committee)						0	
Cardine	MI	Last	mmons				Suffix	
8. TYPE OF REPORT (Check One Box)								
☐ January 10 filing	7th day preceding primar	y 🗆 7	th day preceding referendu		Initial Cont (PACs ONLY)		Disbursement	
☐ April 10 filing	☐ 30 days following primar	y = 4	5 days following referende	um 📮	Amendmen	t to	-	
☐ July 10 filing	☐ 7th day preceding election	n 🗆 I	Deficit	.Dir	ype of Re	ojrt:		
☐ October 10 filing	☐ 12th day preceding electi (State Central Committees Only		Cermination	OR.	SEP IVE			
☐ 24 Hour Independent Expenditure O Primary O Election	☐ 45 days following election not held in November	n			FOR A			
9. PERIOD COVERED				CL	D M			
	Beginning Date		Ending Date	RE	000 000 000			
=	7/1/21	thru	915/21					
10. CERTIFICATION								
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.								
TREASURER OR DEPUTY TREASURE	ER (SIGNATURE)	Leav PRINT NAM	n Kagan DE OF SIGNER		<u></u>	9)6 DATE (17	0121 nm/dd/yyyy)	
							. Jg ,s	

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.

SEEC FORM 20

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

SUMMARY PAGE TOTALS

SUMINARY PAGE IC	TYPE OF REPORT	
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Can I no Simmon Sign may of	In day proceding	gaman
Con in section is in the go	COLÚMN 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	4272,652.49
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. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)		
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$ 35,695.49	
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	5211,051.93	\$ 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)	431,077.23	431,077.23
21. In-Kind Donations not Considered Contributions Received (Section L4)		
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	4400	
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 (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
Caroline Simmons for Mayor			7t	h Day Pre	cedir	ng P	rimary
A. Total Contributions from Small Contributors-Received		is Period ONLY OTAL SECTION A	\$ 0.00				
B. Itemized Con	ntribu	utions from Individ	duals				
Last Name	Fire						MI
Morris Residential Street Address		Swendolyn			State	Zip (ode.
2435 Bedford Street, Unit 1H	city Stan	mford			CT	Ι,	905
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 munic does contributor or business he/she is associated with have a contract with said municipal valued at more than \$5,000?				of a municipality municipality	Am		f Contribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # No If yes, list Event # No Is contributor a principal of a state contractor or prospective state contractor? If yes list contributor a principal of a state contractor or prospective state contractor? If yes, list Event # No I							
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	Date Received 8/18/2021		Contributions			
Last Name	Fir:						MI
Abt Residential Street Address	City	lichelle			State	Zip (Code
					CT		903
Principal Occupation		Name of Employer					
writer		Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a can is assoc	ididate for a chief executive ciated with have a contract Yes No	e officer of with said	municipality	Am	ount o	f Contribution
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Method of Contribution:		Date Received		Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money		8/23/2021	\$1,0	00.00			MI
Last Name Evans-Aguiar	Fir	Ella					Wit
Residential Street Address	City				State	Zip	Code
555 Kappock Street, 1S	Bror	ıχ			NY	10	463
Principal Occupation		Name of Employer					
Copywriter		Self-employed					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a can is assoc	ndidate for a chief executive ciated with have a contract Yes No	e officer with said	of a municipality I municipality	Am	ount o	f Contribution
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Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	Date Received 9/1/2021	1	e Contributions			
SUB	ГОТА	L Section B — This	Page	\$250.00			
TOTAL	L of ac	dditional Section B I	Pages				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	A IND 13, Coli	IVIDUALS (Sections A umn A of Summary Page	A + B) Totals)	33,34	15.	49	

Section B ADDITIONAL PAGE 1 of 67



A. Total Contributions from Small Contributors-Received this Period ONLY (Fee insurantians for definition of Small Contributors SUBTOTAL SECTION A) B. Itemized Contribution From Individuals Patricia	NAME OF COMMITTEE (Provide Complete Name	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT			
Substitution of Small Countribution Substitution of Small Countribution Substitution Sub	Caroline Simmons for	Mayor			7th Day Preceding Primary Filing					
Section Particle					\$	0.00				
Section Particle										
Patricia Patricia Patricia Patricia Patricia Postricia Postr		B. Itemized Cor	ıtrib	utions from Indivi	duals	16.				
Residential Succest Address	Last Name		Fir	rst			MI			
ABO Park Ave, Apt 7G	Duff			Patricia						
Name of Employer THE COMMON GOOD Security Secur	Residential Street Address		-			l .				
THE COMMON GOOD Is contributor a lobhysis, spouse, or dependent child of a lobhysis? No location is in excess of \$400 to a candidate for a chief executive officer of a municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? Pyre, list Event is sufficient with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? Pyre, list Event is sufficient with said municipality valued at more than \$5,000? Is this contributor of business he/she is associated with have a contract vith said municipality valued at more than \$5,000? Is the contributor of Section L1? Pyre, list Event is section and the contract is with event reported in Section L1? Pyre, list Event is section as a section of the previous of the previous of the previous state contract is with and event reported in Section L1? Pyre, list Event is section as a section L1? Pyre, list Event is section as a section L1? Pyre, list Event is section as a section L1? Pyre, list Event is section as a section L1? Pyre, list Event is section L1?	480 Park Ave, Apt 7G		New	York		NY	10022-1742			
Last Name Readential Street Address 289 Washington street, 3rd floor Principal Occupations State Rep. State R										
does contribution or business he/she is associated with haive a contract with said murnicipality with some contraction or business he/she is associated with haive a contraction or prospective state contractor?	0.20									
Section Lift Section Section Section Lift Section Section Section Lift Section	or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract we valued at more than \$5,000?				with said municipality	/, Amo	unt of Contribution			
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Residential Street Address 269 Washington street, 3rd floor City New Britain Name of Employer State of Ct							Ml			
New Britain CT 06051			R	Robert						
State Stat	Residential Street Address		City			State	Zip Code			
State Rep. State of Ct	269 Washington street, 3rd floor New Britain				СТ	06051				
Yes Yes To contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No No Secontribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, and the valued at more than \$5,000? Yes No Yes No Secontribution or business he/she is associated with an event reported in Section L1? Yes No Secontribution associated with an event reported in Section L1? Yes No Secontribution associated with an event reported in Section L1? Yes No Secontribution associated with an event reported in Section L1? Yes No Secontribution Yes Self employed Yes Self employed Yes No Yes Self employed Yes No Yes Yes No Yes	Principal Occupation Name of Employer									
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Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 7/1/2021 \$100.00	event reported in Section L1?	No If yes, indicate which bra	nch or	branches	■ No □ Legislative		\$100.00			
Last Name Husain Residential Street Address 18 Bertmor Drive Stamford Stamford CT 06905 Principal Occupation Self employee Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? If contributor a principal of a state contractor or prospective state contractor? Is contribution associated with an event reported in Section L1? If yes, indicate which branch or branches Of government the contract is with: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order TOTAL of additional Section B Pages	Method of Contribution:			Date Received						
Residential Street Address City Stamford CT O6905	☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card ☐ Payroll Deduction ☐ Money	Order	7/1/2021	\$100.00					
Residential Street Address 18 Bertmor Drive Principal Occupation Self employee Self employee Self employed/homemaker Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Mon	Last Name		Fi	irst			MI			
18 Bertmor Drive Stamford St	Husain		Z	Zareen						
Principal Occupation Self employee Self employee Self employed/homemaker			,			1				
Self employee Self employed/homemaker			Stan			CI				
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or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Self employee	*								
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Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 7/2/2021 \$600.00 SUBTOTAL Section B — This Page \$700.00 TOTAL of additional Section B Pages	event reported in Section L1?	No If yes, indicate which bran	nch or	branches Executive	Legislative No	- 4	\$100.00			
SUBTOTAL Section B — This Page \$700.00 TOTAL of additional Section B Pages		·								
TOTAL of additional Section B Pages	Cash Personal Check Credit/Debit	Card ☐ Payroll Deduction ☐ Money	Order	7/2/2021	\$600.00					
		SUBT	TOTA	AL Section B — This	Page	\$700.0	0			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) 23 345 49	TOTAL of additional Section B Pages									
						.49				

Section B ADDITIONAL PAGE 2 of 67



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			en il di involke e de l	TYPE OF REPORT				
Caroline Simmons for M	layor			7th Day Preceding Primary Filing				
A. Total Contributions from Sn (See instructions for definition of Small C			his Period ONLY OTAL SECTION A	\$		0.00	l	
PARTY TO PARTY OF THE PARTY OF	B. Itemized Con	trit	butions from Individ	duals		1000		
Last Name			rirst				MI	
Grandville			Mary					
Residential Street Address		City				State	Zip Code	
50 Edgewood Avenue		Star	mford			CT	06907	
Principal Occupation			Name of Employer					
Elementary School Principal Greenwich Boar					ation			
Is contributor a lobbyist, spouse,				e officer of with said i	f a municipality municipality	Amo	unt of Contribution	
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Method of Contribution:	, incovered				1			
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Last Name			First				MI	
Watson		- .	John					
Residential Street Address		City				State	Zip Code	
4117 San Carlos Drive Dallas				TX	75205			
Principal Occupation Name of Employer								
Banker Banker			Banker					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?	o a ca	andidate for a chief executive ociated with have a contract Yes No	e officer of with said	f a municipality municipality	, Amo	unt of Contribution	
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Last Name		H	First	*			MI	
Watson			Kelly					
Residential Street Address		City				State	Zip Code	
4117 San Carlos Drive		Dal	las			TX	75205	
Principal Occupation			Name of Employer					
Homemaker			Homemaker					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a c	andidate for a chief executive cociated with have a contract Yes No	e officer o with said	f a municipality municipality	, Amo	ount of Contribution	
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	SUBT	тот	AL Section B — This	Page	\$	2,050.	00	
	TOTAL of additional Section B Pages							
TOTAL OF A	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + 1 (Enter total on Line 13, Column A of Summary Page Total					5,4	9	

Section B ADDITIONAL PAGE 3 of 67

Leeper Jennifer State Address CT O6824	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT						
Substitutions for definition of Small Contributor) Substitutions from Individuals Substitution Small Contributions from Individuals Small Contributions Small Contribut	Caroline Simmons for Mayor			7th Day Preceding Primary Filing					
Leeper Cast Name Cast Na				\$	0.00				
Leeper Cast Name Cast Na									
Leeper Jennifer	B. Itemized Co.	ntri	butions from Individ	duals	, VI				
Residential Street Address 75 Sherman Ct Principal Occupation State Rep, 132 Scontributor a lobbyist, spouse, or dependent child of a lobbyist? No No No No No No No N	Last Name					MI			
Fairfield Fairfield Fairfield CT 06824	Leeper		Jennifer						
State Rep, 132 State Rep, 132 State Rep, 132 State and source than \$5,000? State at a contractor of pendent child of a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist? No No No No No No No N	Residential Street Address	1							
State Rep, 132 CT General Assembly		Fai			Cſ	06824			
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event reported in Section L1? Mo	dependent child of a lobbyist? In No does contributor or business he/she is associated with have a contract with said municipality				, Amou	ınt of Contribution			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order T/8/2021 \$100.00 \$100.00	event reported in Section L1? No If yes, indicate which brain	nch o	r branches	■ No		\$100.00			
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 7/8/2021 \$100.00	Jan 11 Jan 12 Ja								
Deschapelles Residential Street Address 48 Lockwood Road Principal Occupation interior designer Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? Is contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative Legislativ		y Orde	er 7/8/2021	""					
Residential Street Address 48 Lockwood Road Principal Occupation Interior designer Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? If yes, list Event # City	Last Name		First	L		MI			
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Principal Occupation interior designer Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? If yes, list Event # Name of Employer Deschapelles Design Amount of Contribution of a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Executive Legislative Le	Residential Street Address	City			State	Zip Code			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? If yes, list Event # Deschapelles Design If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is contribution associated with an event reported in Section L1? No If yes, indicate which branch or branches of government the contract is with: Executive Executive Legislative \$100.00	48 Lockwood Road Riverside					06878			
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					7				
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Last Name First MI	Last Name		First			MI			
Newman Lisa Lisa	Newman		Lisa						
Residential Street Address City State Zip Code	Residential Street Address	1 1				· ·			
25 Cob Drive Westport CT 06880-2114	25 Cob Drive	We	estport		CT	06880-2114			
Principal Occupation Name of Employer	Principal Occupation	-	Name of Employer						
Partner, Digital Consulting Firm Digital 112	Partner, Digital Consulting Firm		Digital 112						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes or dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Amount of Contribution	or dependent child of a lobbyist? No does contributor or business he/she	to a c	sociated with have a contract	e officer of a municipality with said municipality	/ Amo	unt of Contribution			
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Method of Contribution: Date Received Aggregate Contributions									
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money Order 7/7/2021 \$100.00	☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Ord	er 7/7/2021						
SUBTOTAL Section B — This Page \$300.00	D								
TOTAL of additional Section B Pages									
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 33 345. 49	9								

Section B ADDITIONAL PAGE 4 of 67

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF	TYPE OF REPORT			
Caroline Simmons for	Mayor			7th Day Preceding Primary Filing				
A. Total Contributions from S (See instructions for definition of Small			his Period ONLY TOTAL SECTION A	\$		0.00)	
<u>"</u>								
	B. Itemized Co	ntril	butions from Individ	duals		,1/185		
Last Name		F	First				MI	
Walker			Craig					
Residential Street Address		City				State	Zip Code	
3196 High Ridge Road		Sta	mford			СТ	06903	
Principal Occupation			Name of Employer					
Retired			Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	andidate for a chief executive ociated with have a contract ☐ Yes ■ No	e officer of with said m	a municipality unicipality	Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # No Of government the contract is with: Executive Legislative						\$25.00		
Method of Contribution:	<u>, </u>		Date Received	Aggregate (Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card ☐ Payroll Deduction ☐ Money	orde (7/10/2021	\$25.00				
Last Name		F	First	·			MI	
Maloney		[Daniel					
Residential Street Address		City				State	Zip Code	
120 Woodridge Dr S Stamford					СТ	06902		
Principal Occupation			Name of Employer					
Product manager Virgin pulse								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?					Amo	Amount of Contribution		
_	Yes No Is contributor a principal of a If yes, indicate which bra of government the contra	inch o	r branches		No No		\$25.00	
Method of Contribution:	1 8-		Date Received		ontributions	1		
☐ Cash ☐ Personal Check ☐ Credit/Debit (Card Payroll Deduction Money	Orde:	r 7/10/2021	\$125.0	0			
Last Name		Ī	First				MI	
Beirne			Kevin					
Residential Street Address		City				State	Zip Code	
91 Nutmeg Lane		Sta	mford			CT	06905	
Principal Occupation			Name of Employer				***	
Retired			Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/sho valued at more than \$5,000?					Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No Is contributor a principal of a If yes, indicate which bra of government the contra	ınch o	r branches		M No		\$25.00	
Method of Contribution:	411		Date Received		Contributions			
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	SUB	тот	AL Section B — This	Page		\$75.0	0	
TOTAL of additional Section B Pages								
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 33 345.45					19			
	BALLINER	, ,	, , , , , ,		, , . , . ,	-		

Section B ADDITIONAL PAGE 5 of 67

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Caroline Simmons for May	yor			7th Day Preceding Primary Filing				
A. Total Contributions from Sma (See instructions for definition of Small Con			his Period ONLY FOTAL SECTION A	\$	0.00)		
	B. Itemized Con	itri	butions from Indivi	duals	16 8			
Last Name		1	First			MI		
Pittoni			Mary Jo					
Residential Street Address		City			State	Zip Code		
283 Quarry Road		Sta	mford		СТ	06903		
Principal Occupation	•		Name of Employer					
Retired	ed Retired							
or dependent child of a lobbyist?					Amo	ount of Contribut		
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Method of Contribution:	of government the contract	Date Received Aggregate Contributions			-			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card	☐ Payroll Deduction ☐ Money	Orde	er 7/11/2021	\$150.00				
Last Name		_	First			MI		
Deschapelles			Paige					
Residential Street Address		City			State	Zip Code		
48 Lockwood Road		Gre	enwich		СТ	06878		
Principal Occupation Name of Employer								
McGrath II McGrath II								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No					Amo	Amount of Contribution		
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Method of Contribution:			Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ■ Credit/Debit Card	☐ Payroll Deduction ☐ Money	Orde	er 7/13/2021	\$25.00		- v		
Last Name		- 1	First			MI		
McBride			Magee					
Residential Street Address	1	City	:		State	Zip Code 06878		
18 Spring St		RIV	rerside		СТ	00070		
Principal Occupation			Name of Employer					
interior designer			McGrath II					
or dependent child of a lobbyist?	contribution is in excess of \$400 to bes contributor or business he/she alued at more than \$5,000?				/, Am	ount of Contribut		
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Method of Contribution:			Date Received	Aggregate Contributions				
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	SUBT	тот	AL Section B — This	Page	\$225.0	00		
	TOTAL	of	additional Section B I	Pages				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 33345 49								

Section B ADDITIONAL PAGE 6 of 6

or dependent child of a lobbyist? No or dependent child of a lobbyist? Is this contribution associated with an or described at more than \$5,000? No or dependent child of a lobbyist? No or dependent child of a lobbyist? Is this contribution associated with an or described at more than \$5,000? No or dependent child of a state contractor? No or dependent child of a lobbyist? No or dependent child of a lobbyist? No or dependent child of a lobbyist? Is contribution associated with an or dependent contractor? No or dependent child of a lobbyist? No or dependent child of a lobbyist? Is contribution associated with an or dependent contractor? Yes No or dependent child of a lobbyist? Is contribution associated with an or dependent contractor? Yes No or dependent child or a lobbyist? Special contractor or prospective state contractor? Yes No or dependent contractor with an or dependent contractor or prospective state contractor? Yes Special contractor? Yes Spec	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	W 1-11 1-45 7 5	TYPE OF REPORT					
B. Itemized Contributions from Individuals B. Itemized Contributions from Individuals	Caroline Simmons for Mayor			7th Day Prece	eding	g Prim	ary Filing	
Last Name Lach Residential Street Address 130 Wallacks Point Drive Stamford CT O6902 Principal Occupation Investment consulting Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Is this contribution associated with an event reported in Section L1? Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Tirely Wallacks Lane Principal Occupation Albourne America Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Is this contributor a spociated with an event reported in Section L1? Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Tirely Wallacks Lane Principal Occupation artist Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Stamford Stamford State CT Ves Stode CT O6902 Amount of Contribution Stode State CT O6902 Amount of Contribution Stode Stode State CT O6902 Amount of Contribution Stode Stode State CT O6902 Stamford Amount of Contribution Stode Stamford Amount of Contribution Amount of Contribution Amount of Contribution Amount of Contribution of Contribution of Date Received Amount of Contribution of Contribution of Date Received Stamford Amount of Contribution of Contribution of Date Received Stamford Amount of Contribution of Contribution of Date Received O6902 Stamford Amount of Contribution of Contribution of Date Received O6902 Stamford Amount of Contribution of Contribution of Date Received Officer of a municipality of Date Received Amount of Contribution of Contribution of Date Received O6902 Stamford Amount of Contribution of Contribution of Date Received Officer of a municipality of Date Received Officer of Date Received O6902 Stamford Amount of Contribution of Contribution of Date Received Officer of Date Receiv				\$	0	0.00		
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Lach Jonathan	B. Itemized Con	ıtrib	outions from Individ	duals			F 11/4 E	
Residential Street Address 130 Wallacks Point Drive Stamford	Last Name	F	irst				MI	
Stamford	Lach		Jonathan					
Principal Occupation Investment consulting Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? Method of Contribution: Steinberg	Residential Street Address	City			State	e Zi	-	
Investment consulting Albourne America	130 Wallacks Point Drive	Star	mford		C	T	06902	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No list contribution associated with an event reported in Section L1?	Principal Occupation		Name of Employer					
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Clements Marilyn	Clements	ľ	Marilyn					
Residential Street Address City State Zip Code	Residential Street Address	_			1		•	
104 Wallacks Drive Stamford CT 06902	104 Wallacks Drive	Star	mford		\perp c	T	06902	
Principal Occupation Name of Employer	Principal Occupation		Name of Employer					
Artist/Teacher Marilyn Clements	Artist/Teacher		Marilyn Clements					
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? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	or dependent child of a lobbyist? No does contributor or business he/she	to a ca	ociated with have a contract	e officer of a municipali with said municipality	ty, /	Amoun	t of Contribution	
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Method of Contribution: Date Received Aggregate Contributions								
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SUBTOTAL Section B — This Page \$1,100.00								
TOTAL of additional Section B Pages								
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 33 345, 49	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				5, 4	19		

Section B ADDITIONAL PAGE __7 of 6



NAME OF COMMITTEE (Provide Complete Nat	ame as Registered with Filing Repository)			TYPEC	F REPORT	1000	
Caroline Simmons for				7th Day Preceding Primary Filing			
A. Total Contributions from S (See instructions for definition of Small			his Period ONLY OTAL SECTION A	\$		0.00	
	B. Itemized Co		outions from Individ	duals	13 1101		3-11.571
Last Name		F	irst				MI
Silvani		lai	Santiago			Charles	Zip Code
Residential Street Address 7 Gisborne Place		City Old	Greenwich			State	06870
Principal Occupation			Name of Employer				
Student			Student				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	andidate for a chief executive ociated with have a contract Yes No	e officer of with said	of a municipality municipality	, Amou	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state contractor or prospective state flyes, indicate which branch or branches of government the contract is with:					■ No		\$100.00
Method of Contribution:			Date Received	Aggregate	Contributions	7	
☐ Cash ☐ Personal Check ☐ Credit/Debit ©	Card ☐ Payroll Deduction ☐ Money	y Order	r 7/16/2021	\$100	.00		
Last Name			irst				MI
Landino			Christopher				
Residential Street Address		City				State	Zip Code
81 Beacon View Drive		Fair				СТ	06825
Principal Occupation			Name of Employer	D		انمسنا	
Vp			Women's Busines				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	andidate for a chief executive ociated with have a contract Yes No	e officer of with said	of a municipality municipality	Amoi	unt of Contribution
	Yes Is contributor a principal of a If yes, indicate which bra of government the contra	anch o	r branches		■ No		\$25.00
Method of Contribution:	8-		Date Received	Aggregat	Contributions	7	
☐ Cash ☐ Personal Check ■ Credit/Debit G	Card ☐ Payroll Deduction ☐ Money	y Ordei	7/17/2021	\$25.0	00		
Last Name		F	First				MI
Corbett		ŀ	Kevin				
Residential Street Address		City				State	Zip Code
111 High Clear Drive		Sta	mford			СТ	06905
Principal Occupation			Name of Employer				
РМ			ALL Construction				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/sho valued at more than \$5,000?	to a ca e is ass	andidate for a chief executive cociated with have a contract Yes No	re officer with said	of a municipality I municipality	, Amo	unt of Contribution
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SUBTOTAL Section B — This Page					\$225.0	0	
TOTAL of additional Section B Pages							
TOTAL OF	ALL CONTRIBUTIONS FRO		DIVIDUALS (Sections A column A of Summary Page		33349	- u q	
the fall of the second state of the second	(Enter total on Line	13, 0	ommun /1 of Summury 1 age	2 001113)	77773), []	

Section B ADDITIONAL PAGE 8 of 67



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor		TYPE C	F REPORT			
Caroline Simmons for Mayor			7th Day Preceding Primary Filing			
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)		this Period ONLY BTOTAL SECTION A	\$		0.00	
B. Itemized	Contr	ributions from Indivi	duals	L. III.		
Last Name		First				MI
Anderson		Christine				
Residential Street Address	City				State	Zip Code
35 Hazelwood Lane	St	amford			СТ	06905
Principal Occupation		Name of Employer				
Retired		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$ does contributor or business he valued at more than \$5,000?	3400 to a e/she is a	ssociated with have a contract	ve officer with said	of a municipality municipality	/, Amou	unt of Contribution
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If yes, list Event # of government the coll Method of Contribution:	THE GOL IS	Date Received		e Contributions	\dashv	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mo	oney Or	der 7/18/2021	\$100			
Last Name		First				MI
Gillespie		Richard				
Residential Street Address	City	,			State	Zip Code
1611 Washington Boulevard, #12	St	amford			СТ	06902
Principal Occupation		Name of Employer				
Retired		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$ does contributor or business he valued at more than \$5,000?	endent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality					unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of fyes, indicate which of government the co	n branch			■ No		\$100.00
Method of Contribution:		Date Received	Aggregat	e Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mo	loney Or	der 7/18/2021	\$100	.00		
Last Name		First				MI
Katz		Anita				
Residential Street Address	City	y			State	Zip Code
500 Newfield Avenue Apt 4A	St	tamford			СТ	06905
Principal Occupation		Name of Employer				-
Retired		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ves does contribution is in excess of \$\\$\$ does contributor or business he valued at more than \$5,000?	\$400 to a e/she is a	a candidate for a chief executives associated with have a contraction Yes No	ve officer t with said	of a municipality I municipality	y, Amo	ount of Contribution
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Method of Contribution:		Date Received	1	e Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ M	Ioney Or	rder 7/19/2021	\$15.	00		
	UBTO	TAL Section B — This	s Page		\$215.0	0
то	TAL o	f additional Section B	Pages			
TOTAL OF ALL CONTRIBUTIONS FI	ROM I Line 13,	NDIVIDUALS (Sections Column A of Summary Page	A + B) Totals)	33, 34	5.4	9

Section B ADDITIONAL PAGE 9 of 67

NAME OF COMMITTEE (Provide Complete Na	ame as Registered with Filing Repository)			TYPE OF REPORT			
Caroline Simmons for	r Mayor			7th Day Preceding Primary Filing			
A. Total Contributions from S (See instructions for definition of Small			is Period ONLY OTAL SECTION A	\$	0.00)	
	B. Itemized Co	ntrib	utions from Indivi	duals	والأرا		
Last Name			rst			MI	
Wong Sharp			Jenny		G	Zip Code	
Residential Street Address 2224 Clay Street		City San	Francisco		State	94115	
Principal Occupation			Name of Employer				
Managing Director			Tishman Speyer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	, Amo	ount of Contribution	
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Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit 6	Card ☐ Payroll Deduction ☐ Money	Order (7/19/2021	\$100.00			
Last Name			rst	141		MI	
Petersen		J	udith				
Residential Street Address		City			State	Zip Code	
102 Pine Hill Avenue, A-1		Starr	itiet		СТ	06906	
Principal Occupation Retired			Name of Employer Judith				
	T. v			- CT	Τ.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				Amo	unt of Contribution	
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Method of Contribution:			Date Received	Aggregate Contributions	1		
☐ Cash ☐ Personal Check ☐ Credit/Debit ©	Card ☐ Payroll Deduction ☐ Money	Order (7/19/2021	\$50.00			
Last Name		Fi	rst			MI	
Cohan		C	Catherine				
Residential Street Address		City			State	Zip Code	
25 Wallacks Drive		Stan	nford		СТ	06902	
Principal Occupation			Name of Employer				
Retired	·		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	e contractor? ☐ Yes ☐ No ☐ Legislative		\$100.00	
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☐ Cash ☐ Personal Check ☐ Credit/Debit	Card Payroll Deduction Money	y Order	7/20/2021	\$600.00			
	SUB	ГОТА	L Section B — This	Page	\$250.0	0	
	TOTA	Lofa	dditional Section B F	Pages			
TOTAL OF	ALL CONTRIBUTIONS FROM		OIVIDUALS (Sections A		5. (19	
	(=	_, 55	, 80	7-1-			

Section B ADDITIONAL PAGE 10 of 67

A. Total Contributions from Small Contributors-Received this Period ONLY (See Instructions for definition of Small Contributor) B. Itemized Contributions from Individuals Eart Name First Stamford Sta	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		NI DI L	TYPE OF REPORT			
B. Itemized Contributions from Individuals First Fern	Caroline Simmons for Mayor			7th Day Preceding Primary Filing			
Residential Street Address 19 Bellmere Avenue City Stamford State CT 06906				\$	0.0	0	
Residential Street Address 19 Bellmere Avenue City Stamford State CT 06906							
Residential Street Address 19 Bellmere Avenue City Stamford City Stamford City C				duals			
Residential Street Address 19 Bellmere Avenue Stamford						MI	
19 Belimere Avenue Stamford	·				State	Zip Code	
Recently retired Greenwich Hospital mar/com lead Recently retired Recently retired	19 Bellmere Avenue	1	nford				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No lose contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? State Personal Check Credit/Debit Card Payroll Deduction Money Order Management Ma							
or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Payroll Deduction Payroll Deducti			<u> </u>				
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Polak Residential Street Address 214 Hubbard Avenue Stamford Stamford State City Stamford State CT 06905 Principal Occupation Social worker Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Is this contribution associated with an event reported in Section L1? No Is contributor a principal of a state contractor or prospective state contractor? Yes No State CT 06905 Amount of Contribution associated with an event reported in Section L1? State CT 06905 Amount of Contribution of State Contractor or prospective state contractor? Yes No State CT 06905 State CT 06905		ey Order	7/21/2021				
Residential Street Address 214 Hubbard Avenue Principal Occupation Social Worker Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No No No Is this contribution associated with an event reported in Section L1? Principal Occupation Social Worker City Stamford Name of Employer Youth Guidance Name of Employer Youth Guidance Amount of Contribution of Contribution of State and Indicate with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? No If yes, indicate which branch or branches State Zip Code CT O6905 Amount of Contribution of Contribution of Section L1? Amount of Contribution of Contribution of State contractor or prospective state contractor? Yes State Vip Code CT O6905	Last Name					MI	
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Principal Occupation Social worker Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Is this contribution associated with an event reported in Section L1? No No Name of Employer Youth Guidance Youth Guidance Amount of Contribution of a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? No Is contributor a principal of a state contractor or prospective state contractor? Yes event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Solo		1 1				·	
Social worker Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Ves or dependent child of a lobbyist? No Is this contribution associated with an event reported in Section L1? Yes on lobbyist? Youth Guidance Amount of Contribution of Contribution of a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No Is contribution a state contractor or prospective state contractor? Yes on lobbyist? Yes No Social worker If yes, indicate which branch or branches	214 Hubbard Avenue	CI	06905				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? Yes No Is contributor a principal of a state contractor or prospective state contractor? Yes No S5.00							
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event reported in Section L1? If yes, indicate which branch or branches No 95.00	or dependent child of a lobbyist?	, Amo					
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Last Name First MI	Last Name	Fi	irst		-	MI	
Barnes Bess	Barnes	B	Bess				
Residential Street Address City State Zip Code	Residential Street Address	City			State	Zip Code	
345 Hycliff Ter Stamford CT 06902-2021	345 Hycliff Ter	Stan	nford		СТ	06902-2021	
Principal Occupation Name of Employer	Principal Occupation		Name of Employer			•	
Sports Programmer CBS Sports	Sports Programmer		CBS Sports				
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? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	or dependent child of a lobbyist?		ciated with have a contract		, Ame	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative \$250.00	Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches					\$250.00	
Method of Contribution: Date Received Aggregate Contributions	Method of Contribution:		Date Received				
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money Order 7/23/2021 \$250.00	☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	ey Order	7/23/2021	\$250.00			
SUBTOTAL Section B — This Page \$355.00	SUB	TOTA	AL Section B — This	Page	\$355.0	00	
TOTAL of additional Section B Pages	TOTA	L of a	dditional Section B F	ages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 33, 345. 49				A+B) 33, 2	945	. 49	

Section B ADDITIONAL PAGE 11 of 67

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT							
Caroline Simmons for Mayor			7 day p	7 day prior primary						
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$	0.00)					
•										
B. Itemized Contributions from Individuals										
Last Name	F	First			MI					
Levin		Jay								
Residential Street Address	City			State	Zip Code					
23 Worthington Road	Nev	w London		СТ	06320-2932					
Principal Occupation		Name of Employer			4					
attorney/lobbyist		Levin & Christ Go	vernment Relation	s Cons	ulting, LLC					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amo	ount of Contribution					
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a second reported in Section L1? If yes, indicate which branches and second reported in Section L1?	nch or	r branches	e contractor? Yes No		\$100.00					
If yes, list Event # of government the contrac	i is w	Date Received	Aggregate Contributions	-						
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Orde	= /00/1000/	\$100.00							
Last Name	- 4	First			МІ					
Jacobson		Lauren								
	City			State	Zip Code					
180 Glenbrook Road, #61 Stamford				CT	06902					
Principal Occupation Name of Employer										
Attorney Maya Murphy, P.C.										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a ca	andidate for a chief executive cociated with have a contract Yes No	e officer of a municipality with said municipality	, Amo	Amount of Contribution					
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a If yes, indicate which brain of government the contract	nch o	or branches	te contractor? Yes No Legislative		\$75.00					
Method of Contribution:		Date Received	Aggregate Contributions							
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Orde	ет 7/23/2021	\$200.00							
Last Name	I	First			MI					
Kudzy		Lynne								
Residential Street Address	City			State	Zip Code					
303 Sawmill Road	Sta	mford		CT	06903					
Principal Occupation		Name of Employer								
VP Marketing		WebMD								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?					ount of Contribution					
Is this contribution associated with an event reported in Section L1? Is this contribution associated with an event reported in Section L1? No If yes, list Event # Security Section L1? No If yes, list Event # Security Sec					\$10.00					
Method of Contribution:		Date Received	Aggregate Contributions							
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Orde	er 7/25/2021	\$10.00							
SUBT	гот	AL Section B — This	Page	\$185.0	0					
TOTAL	of	additional Section B I	Pages Pages							
TOTAL OF ALL CONTRIBUTIONS FROM		DIVIDUALS (Sections A		15 (15					
(Enter tout on Line	13, C	omman /1 of Sammary 1 age	5 1 7	121	(I					

Section B ADDITIONAL PAGE 12

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE C	YPE OF REPORT				
Caroline Simmons for Mayor			7tl	7th Day Preceding Primary Filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$		0.00)		
		B. Itemized Co.	ntril	butions from Indivi	duals			
Last Name			F	First				MI
Elam				Archie				I a: a 1
Residential Street Address 66 Glenbrook Road, Unit 4122	122 Stamford						State	Zip Code 06902
			Ota					00002
Principal Occupation Retired				Name of Employer Retired				
				1				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	doe	ontribution is in excess of \$400 s contributor or business he/she ued at more than \$5,000?	to a ca is ass	andidate for a chief executive ociated with have a contract	e officer with said	of a municipality municipality	Amo	unt of Contribution
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Cash Personal Check Credit/Debit	Card [☐ Payroll Deduction ☐ Money	Orde	7/00/0004	\$225			
Last Name			F	First				MI
Hicks			1	Barbara				
Residential Street Address			City				State	Zip Code
248 Loveland Road Stamford				СТ	06905			
Principal Occupation				Name of Employer				
Retired				Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	doe	ontribution is in excess of \$400 s contributor or business he/she and at more than \$5,000?					, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1?	Yes No	Is contributor a principal of a If yes, indicate which bra of government the contra	nch o	r branches		■ No		\$10.00
Method of Contribution:		_ v. go verminent and comme		Date Received		e Contributions	1	
☐ Cash ☐ Personal Check ☐ Credit/Debit ©	Card [☐ Payroll Deduction ☐ Money	Orde	т 7/26/2021	\$60.0	00		
Last Name	_		1	First				MI
Ruiz				Cesar				
Residential Street Address			City				State	Zip Code
39 Sylvan Knoll Road			Sta	mford			СТ	06902
Principal Occupation				Name of Employer				
Life Skills Coach				Abilis Inc				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	doe	ontribution is in excess of \$400 s contributor or business he/she ued at more than \$5,000?					Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1? Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative Legislative						\$5.00		
Method of Contribution:				Date Received		e Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit	Card I	☐ Payroll Deduction ☐ Money	Orde	7/26/2021	\$10.0	00		
		SUB	гот	AL Section B — This	Page		\$115.0	0
		TOTAL	Lof	additional Section B	Pages			
TOTAL OF	ALL	CONTRIBUTIONS FROM		DIVIDUALS (Sections A of Summary Page		33, 3	u S	ya
		(Enter total on Line	13, C	vanna a oj summary rage	I villis)	11)0	, 13	• [7]

Section B ADDITIONAL PAGE 13 of 67

Residential Street Address 70 Timberwood Road 8 Capy West Hartford 9 CT 20 Code 70 Timberwood Road 8 CT 20 Code 70 Timberwood Road 8 CT 20 Code 70 CT 20 Code 70 CT 20 CT 20 COde 70 CT 20	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYP					PE OF REPORT				
Substitution Subs	Caroline Símmons for Mayor	7 day բ	7 day prior primary							
Season State Sta				\$	0.00)				
Season S										
Redictional Street Address 7.0 Timberwood Road 8. City West Hartford 8. State 8. City Redicted 8. scentributer a labbylet, spouse, or dependent of hild of a lobbylet? 8. State 8. City State 8. State	B. Itemized Co	ontr	ribu	tions from Indivi	duals Magazine	e Sjiv ja				
Residerated Stever Address City West Hartford State Contribution of a contributor of a bibility spouse, or dependent child of a lobbysit State Contribution of social state contraction or prospective state contraction? Yes Whether Address City Stamford State contributor or pushes health is associated with an excess of \$400 to a candidate for a chief executive officer of a municipality, valued at more than \$5,000? West State Contribution of a contributor or prospective state contractor? Yes Who	Last Name		First				MI			
West Hartford	Sullivan	Sullivan Kevin								
Retired Name of Employer Retired	Residential Street Address	lress City					Zip Code			
Retired Retired Retired Retired Retired Retired Scontributor a lobbyst, spouse, or dependent child of a lobbyst? No value of the contributor or business heshe is associated with have a contract with aid municipality, valued at more than \$5,000? Yes No valued of Contribution Yes, indicate which branch or branches No valued in the contract is with Personal Check Credit/Debit Card Payroll Deduction Money Order Payroll Deduction Money Order No valued in the contract is with Personal Check Credit/Debit Card Payroll Deduction Money Order No valued in the contract is with Personal Check Credit/Debit Card Payroll Deduction Money Order No valued at more than \$5,000? Yes No valued at more than \$5,00	70 Timberwood Road	W	est/	Hartford		СТ	06117			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? If yes, list Event # No State	Principal Occupation	-		Name of Employer						
does contributor or business hebshe is associated with have a contract with said municipality venter reported in Section L1? Is this contributor a principal of a state contractor or prospective state contractor? Is the contribution associated with an event reported in Section L1? Is the contributor a principal of a state contractor or prospective state contractor? Is the contribution associated with an event reported in Section L1? Is the contributor a principal of a state contractor or prospective state contractor? Is the contribution associated with an event reported in Section L1? Is cash Personal Check Credit/Debit Card Payroll Deduction Money Order Payroll Deduction P	Retired			Retired						
event reported in Section L17 Myer, list Event #	or dependent child of a lobbyist?	0 to a e is a	cand	ated with have a contract	e officer of a municipality with said municipality	, Amo	ount of Contribution			
Method of Contribution:				anches	■ No		\$100.00			
Cash Personal Check Personal Check Payroll Deduction Money Order 7/26/2021 \$100.00		act is	with:							
Size Stamford St	Method of Contribution:									
Residential Street Address 180 Turn of River Road, 7C Stamford Stamford State City Stamford State CT State CT State CT Stamford State CT S	☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	у Ог	der	7/26/2021	\$100.00					
Residential Street Address 180 Turn of River Road, 7C Stamford Retired Stamford Retired Scounting Stamford Stamford Stamford Stamford Stamford Stamford Amount of Contribution amount of Contribution of Contribution of Contribution of Contribution of Contribution associated with an event reported in Section L1? Stamford Sta	Last Name		First		lu e		MI			
Stamford	Shepherd		Ma	adeline						
Name of Employer Retired	Residential Street Address	City	,			State	Zip Code			
Retired Retired Retired Retired	Parameter Control of the Control of					СТ	06905			
Retired Retired Retired Retired										
Some contribution is in excess of \$40 to a candidate for a chief executive officer of a municipality valued at more than \$5,000? Static Core contribution associated with an event reported in Section L1? Static Contract with said municipality valued at more than \$5,000? Yes No Section L1? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes No Section L1? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes No Static State No State No State No State No No No No No No No N										
event reported in Section L1?	or dependent child of a lobbyist? No does contributor or business he/sh	0 to a e is a	cand	ated with have a contract	e officer of a municipality with said municipality	/, Ame	Amount of Contribution			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 7/26/2021 \$480.00 \$480.00 Last Name Sweeney Susan State	event reported in Section L1? No If yes, indicate which br	anch	or b	ranches	■ No		\$40.00			
Sweeney Susan State Zip Code CT O6902					Aggregate Contributions					
Sweeney Residential Street Address 44 Strawberry Hill Ave, APT 5F Stamford State City State CT 06902 Principal Occupation retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 7/26/2021 \$125.00	☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	еу Ого	der	7/26/2021	\$480.00					
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A4 Strawberry Hill Ave, APT 5F Stamford Name of Employer retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of Contribution: Cash Personal Check Stamford Stamford CT 06902 CT 06902 Amount of Contribution of Employer retired Amount of Contribution of a municipality valued at more than \$5,000? If contribution a sasociated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Date Received Aggregate Contributions Aggregate Contributions T/26/2021 \$125.00	Sweeney		Su	ısan						
Principal Occupation retired Name of Employer retired	Residential Street Address	City	у			State				
retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Is this contribution associated with an event reported in Section L1? Method of Contribution: Cash Personal Check Tetired If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No Is contribution associated with an event reported in Section L1? No If yes, indicate which branch or branches of government the contract is with: Date Received Aggregate Contributions Aggregate Contributions T/26/2021 Aggregate Contributions	44 Strawberry Hill Ave, APT 5F	St	tami	ford		CT	06902			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No	Principal Occupation			Name of Employer						
or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	retired			retired						
event reported in Section L1? No	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					ount of Contribution				
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money Order 7/26/2021 \$125.00	Is this contribution associated with an event reported in Section L1? Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes indicate which branch or branches						\$25.00			
	11 11 11 11 11 11 11 11 11 11 11 11 11									
SUBTOTAL Section B — This Page \$165.00	☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	ey Or	rder	7/26/2021	\$125.00					
	SUB	вто	TAI	L Section B — This	Page	\$165.0	00			
TOTAL of additional Section B Pages	TOTA	Lo	fad	ditional Section B I	Pages					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 33, 345. 49	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + R)					19				

Section B ADDITIONAL PAGE 14 of 67

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Caroline Simmons for	7th Day Prece	7th Day Preceding Primary Filing						
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				\$	0.00			
	B. Itemized Con	ntrib	outions from Indivi	duals				
Last Name		- 1	irst			MI		
Abt								
Residential Street Address	tial Street Address City					Zip Code		
150 June Rd	mford		CT	06903				
Principal Occupation			Name of Employer					
Writer			Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	unt of Contribution		
event reported in Section L1?	Yes Is contributor a principal of a s No If yes, indicate which brar of government the contrac	ich or	branches	e contractor? ☐ Yes ☐ No ☐ Legislative		\$250.00		
If yes, list Event #	or government the contract	t is wi	Date Received	Aggregate Contributions	-			
Method of Contribution:	Cook Drown Doduction DMoone	ا	7/00/0004	\$1,000.00				
☐ Cash ☐ Personal Check ☐ Credit/Debit C				\$1,000.00				
Last Name			irst			MI		
Swanberg		s	Sarah 					
Residential Street Address City					State	Zip Code		
57 Ocean drive west		Stan	mford		СТ	06905		
Principal Occupation			Name of Employer					
Acupuncturist			Self-employed @	indigo Wellness G	Froup			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a car is asso	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	, Amo	Amount of Contribution		
I	Yes Is contributor a principal of a selection of government the contract of government the government of government the government the government of government the government of government of government the government of government the government of government the government of government the government of government of government the government of	nch or	branches	te contractor? Yes No Legislative		\$100.00		
Method of Contribution:			Date Received	Aggregate Contributions	7			
☐ Cash ☐ Personal Check ■ Credit/Debit C	Card Payroll Deduction Money	Order	7/26/2021	\$195.00				
Last Name		F	irst			MI		
Skratt		Įν	Vendy					
Residential Street Address		City			State	Zip Code		
29 Vincent Ave		Star	mford		СТ	06905		
Principal Occupation			Name of Employer			1		
Unemployed			Unemployed					
	I If contribution is in excess of \$400:	to a ca		e officer of a municipality	v I Amo	unt of Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Amount of the property o						 0. 00 		
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative						\$100.00		
Method of Contribution:		0 1	Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Jard ☐ Payroll Deduction ☐ Money	Order	7/26/2021	\$400.00				
	SUBT	OTA	AL Section B — This	Page	\$450.00	0		
	TOTAL	ofa	dditional Section B I	Pages				
TOTAL OF	ALL CONTRIBUTIONS FROM	1 IND	DIVIDUALS (Sections A	A + B)				
TOTALOF	(Enter total on Line	13, Co	lumn A of Summary Page	Totals) 33, 3	45,4	15		

Section B ADDITIONAL PAGE ___15

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OI	61-	_

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Caroline Simmons for Mayor			7th Day Preceding Primary Filing					
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$	0.00				
B. Itemized Co	ntrib	utions from Indivi	duals	VE EX				
Last Name	Fi	irst			MI			
Brown		Peter		l a	7. 6.1			
Residential Street Address	City	I		State	Zip Code 06905			
731 Newfield Ave	Stan	nford		СТ	06905			
Principal Occupation		Name of Employer						
Firefighter		City of Norwalk						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			with said municipality	, Amo	unt of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	e contractor?		\$100.00			
Method of Contribution:		Date Received	Aggregate Contributions					
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Order	7/26/2021	\$100.00					
Last Name	Fi	rst			MI			
Wiggins	S	Stephen						
Residential Street Address	City			State	Zip Code			
200 Dorado Beach Drive, Unit 2260	Dora	ado		PR	00646			
Principal Occupation Name of Employer								
Retired Retired								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	/, Amor	Amount of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a lf yes, indicate which brateful of government the contral of government the contral of government.	anch or	branches	te contractor? ☐ Yes ☐ No ☐ Legislative		\$500.00			
Method of Contribution:		Date Received	Aggregate Contributions	-				
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	v Order	7/26/2021	\$1,500.00	1				
Last Name	- 15	irst			MI			
Pfeifer		Conor						
Residential Street Address	City			State	Zip Code			
1123 Revere Beach Parkway, #205	Reve	ere		MA	02151			
Principal Occupation		Name of Employer						
Sales		BCC Research						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No					unt of Contribution			
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative					\$25.00			
Method of Contribution:		Date Received	Aggregate Contributions					
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Order	7/27/2021	\$25.00					
SUB	TOTA	AL Section B — This	Page	\$625.0	0			
TOTA	L of a	dditional Section B I	Pages					
TOTAL OF ALL CONTRIBUTIONS FROM	M IND	DIVIDUALS (Sections A lumn A of Summary Page	A + B) 33 3	15.0	19			
(Enter will on Line	13, 001	min / vj Summary i age	100	12,				

Section B ADDITIONAL PAGE 16 of 7



NAME OF COMMITTEE (Provide Complete Name	TYPE OF REPORT						
Caroline Simmons for	7th Day Prece	7th Day Preceding Primary Filing					
A. Total Contributions from S (See instructions for definition of Small			his Period ONLY TOTAL SECTION A	\$	0.00)	
A Marie Del Malle Treat	B. Itemized Con	ntrit	butions from Individ	duals	aled to		
Last Name		F	First			MI	
Pribish		City	Frances			T=: 0.1	
Residential Street Address		State	Zip Code				
21 LEONA DR		СТ	06907-114				
Principal Occupation			Name of Employer				
Retired			Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	andidate for a chief executive ociated with have a contract Yes No	with said municipality		ount of Contributi	
Is this contribution associated with an event reported in Section L1?	Yes Is contributor a principal of a s No If yes, indicate which braid of government the contract	nch or	r branches	e contractor?		\$38.00	
If yes, list Event #	of government the contract) 13 W	Date Received	Aggregate Contributions	-		
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card □ Payroll Deduction □ Money	Orde		\$38.00	1		
Last Name			First			MI	
Condon			Jane				
Residential Street Address		City			State	Zip Code	
38 Close Rd Greenwich					СТ	06831	
Principal Occupation			Name of Employer				
Comedian Self-employed							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ■ No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	andidate for a chief executive ociated with have a contract Yes No	e officer of a municipality with said municipality	y, Ame	ount of Contribution	
	Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch o	r branches	te contractor? ☐ Yes ☐ No ☐ Legislative		\$100.00	
Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit ©	Card Payroll Deduction Money	Orde:	r 7/27/2021	\$350.00			
Last Name		H	First			MI	
Selkowitz			Arthur				
Residential Street Address		City			State	Zip Code	
262 Ocean Drive East		Sta	mford		СТ	06902	
Principal Occupation			Name of Employer		*		
Retired			Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?						ount of Contribut	
The state of the s						\$500.00	
Method of Contribution:	_		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit	Card ☐ Payroll Deduction ☐ Money	y Orde	7/28/2021	\$500.00			
	SUB	гот	AL Section B — This	Page	\$638.0	00	
	TOTA	Lof	additional Section B l	Pages			
TOTAL OF	ALL CONTRIBUTIONS FROM	_		A + B)	115	(40	
			olumn A of Summary Page		75.	. 47	

Section B ADDITIONAL PAGE _______ of 67

NAME OF COMMITTEE (Provide Complete Name	TYPE OF REPORT									
Caroline Simmons for N	Mayor			7th Day Prece	7th Day Preceding Primary Filing					
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$	0.00						
	B. Itemized Con	ıtribı	utions from Individ	duals	The second					
Last Name		Fire				Ml				
Rubin		E	Elizabeth							
Residential Street Address		City			State	Zip Code				
75 Courtland Ave. Unit 9		Stam	nford		CT	06902				
Principal Occupation	-		Name of Employer							
Retired			no							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a can	ididate for a chief executive stated with have a contract Yes No	e officer of a municipality with said municipality	, Amo	unt of Contribution				
	No If yes, indicate which bran	ich or b	oranches	e contractor?		\$25.00				
If yes, list Event #	of government the contract	t is with			_					
Method of Contribution:		0.1	Date Received 7/28/2021	Aggregate Contributions						
☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	ard ☐ Payroll Deduction ☐ Money	Order	112012021	\$50.00						
Last Name		Fire				MI				
Rosen		G	oldy							
Residential Street Address		City			State	Zip Code				
62 Woodbrook Drive Stamford				СТ	06907					
Principal Occupation			Name of Employer							
Retired			Retired							
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist?	If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?				, Amo	Amount of Contribution				
Is this contribution associated with an event reported in Section L1?		nch or l	branches	☐ Legislative ☐ No						
Method of Contribution:			Date Received	Aggregate Contributions	7					
☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	ard □ Payroll Deduction □ Money	Order	7/28/2021	\$25.00						
Last Name		Fir	st			МІ				
Mushinsky		M	lary							
Residential Street Address		City			State	Zip Code				
188 S CHERRY ST		WAL	LINGFORD		CT	06492-4016				
Principal Occupation			Name of Employer							
Legislator			State of CT							
25g.old.ol						unt of Contribution				
The state of the s					\$10.00					
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	ard □Payroll Deduction □Monev	Order	Date Received 7/28/2021	Aggregate Contributions \$50.00						
	and the supplier of the suppli		L Section B — This	Page	\$60.00)				
			dditional Section B F	1100						
TOTAL OF A	ALL CONTRIBUTIONS FROM (Enter total on Line 1	1 IND	IVIDUALS (Sections A umn A of Summary Page	(+B) 33 34	5.40)				

Section B ADDITIONAL PAGE 18 of 67



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		AV TO STATE OF THE CORNER	TYPE OF REPORT			
Caroline Simmons for Mayor			7th Day Prece	7th Day Preceding Primary Filing		
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$	0.00		
B. Itemized Co	ntrib	outions from Individ	duals			
Last Name Conley		^{irst} Christine			MI	
Residential Street Address	City			State	Zip Code	
33 Toll Gate Rd	Grot			СТ	06340	
Principal Occupation Attorney		Name of Employer Embry Neusner				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car is asso	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	/, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which brateful of government the contral of government the contral of the section of the s	ınch or	branches	_ No		\$50.00	
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Order	Date Received 7/29/2021	Aggregate Contributions \$50.00			
Last Name	Fi	irst		- 1/1	MI	
Laybourne	G	Seraldine				
Residential Street Address	City	a b a als		State NY	Zip Code 12574	
67 Orchard Drive	Knin	nebeck		INI	12374	
Principal Occupation Rtired		Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes or dependent child of a lobbyist? No life contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No Amount of Contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?						
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a section L1? If yes, list Event # Is contributor a principal of a section L1? If yes, list Event #	anch or	branches	e contractor? Yes No Legislative		\$500.00	
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Order	7/29/2021	\$500.00			
Last Name		irst			MI	
Tarzia		Joseph R ————————			la: a l	
Residential Street Address 58 Deacon Hill Road	City	mford		State	Zip Code 06905	
Principal Occupation	Stai	Name of Employer			00000	
Retired		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?						
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Sometime of a state contractor or prospective state contractor? Yes No No Source No Source No Source No Source No Source No Source No No No No Source No Source No No No No No No No N					\$50.00	
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Order	7/29/2021	\$50.00			
SUB	TOTA	AL Section B — This	Page	\$600.0	0	
тота	L of a	dditional Section B I	Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 33, 345.41						

Section B ADDITIONAL PAGE 19 of 67

NAME OF COMMITTEE (Provide Complete Name	e as Registered with Filing Repository)			TYPE OF REPORT						
Caroline Simmons for N	layor			7th Day Preceding Primary Filing						
A. Total Contributions from Sn (See instructions for definition of Small C			nis Period ONLY OTAL SECTION A	\$	0.00					
B. Itemized Contributions from Individuals										
Last Name		1.	irst			MI				
	Jepsen Chuck									
esidential Street Address City 252 Ocean Drive East Stamford						Zip Code 06902				
252 Ocean Drive East Principal Occupation		Stan	Name of Employer		CT	00302				
Producer			Self Employed							
or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo	unt of Contribution				
Is this contribution associated with an event reported in Section L1?	Yes Is contributor a principal of a s No If yes, indicate which brate of government the contract	ıch or	branches	e contractor?		\$250.00				
Method of Contribution:			Date Received	Aggregate Contributions	7					
☐ Cash ☐ Personal Check ■ Credit/Debit Ca	ard ☐ Payroll Deduction ☐ Money	Order	7/29/2021	\$250.00						
Last Name			irst			MI				
Lurie			effrey							
1					State	Zip Code				
312 Llanfair Road Wynnewood PA 19096						19096				
Principal Occupation			Name of Employer							
chairman/ceo Philadelphia Eagles										
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?					, Amo	Amount of Contribution				
Is this contribution associated with an event reported in Section L1? If yes, list Event #	1 1	nch or	branches	e contractor? Yes No Legislative		\$1,000.00				
Method of Contribution:			Date Received	Aggregate Contributions	7					
☐ Cash ☐ Personal Check ☐ Credit/Debit Car	rd Payroll Deduction Money	Order	7/29/2021	\$1,000.00						
Last Name		Fi	irst		************	MI				
Ward		K	Karyn							
Residential Street Address		City			State	Zip Code				
27 Lindstrom Road, 7B		Stan	nford		CT	06902				
Principal Occupation			Name of Employer							
Executive Assistant			The Ashforth Com	npany						
or dependent child of a lobbyist?	s contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality,					unt of Contribution				
s this contribution associated with an vent reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? In yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? In yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? In yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? In yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? In yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? In yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? In yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? In yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? In yes, list Event # Is contributor a principal of a state contractor or prospective state contractor?						\$250.00				
Method of Contribution:			Date Received	Aggregate Contributions						
☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	ard □ Payroll Deduction □ Money	Order	7/29/2021	\$700.00						
	SUBT	OTA	AL Section B — This	Page \$	1,500.0	00				
	TOTAL	ofa	dditional Section B P	ages						
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 37,345,49						19				

Section B ADDITIONAL PAGE 20 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			
A. Total Contributions from Small Contributors-R (See instructions for definition of Small Contributor)			is Period ONLY OTAL SECTION A	\$	0.00	
B. Itemize	d Cont	ribu	utions from Indivi	duals		
Last Name		Fir.	st			MI
Kerr			Melissa			
Residential Street Address	Ci	ty			State	Zip Code
12 North Road	0	Darie	en		СТ	06820
Principal Occupation			Name of Employer			
retired			retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess o does contributor or business valued at more than \$5,000?	s he/she is	a can	didate for a chief executive intensity with have a contract	e officer of a municipality with said municipality	, Amou	unt of Contribution
event reported in Section L1? No If yes, indicate whi	ich branc	h or b		■ No		\$500.00
If yes, list Event # of government the	contract i	s with		☐ Legislative	_	
Method of Contribution:			Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐	Money O	rder	7/29/2021	\$500.00		
Last Name		Fir	st			MI
Apfelbaum		W	/illiam			
Residential Street Address	Ci	ty			State	Zip Code
143 Byram Shore Road	G	Free	nwich		CT	06830
Principal Occupation			Name of Employer			
retired retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess o does contributor or business valued at more than \$5,000?	s he/she is				Amou	unt of Contribution
Is this contribution associated with an event reported in Section L1? Is contributor a princip No If yes, indicate who of government the	nich branc	ch or l		e contractor? Yes No Legislative		\$500.00
Method of Contribution:			Date Received	Aggregate Contributions	-	
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐	Money O)rder	7/29/2021	\$500.00	1	
Last Name		Fir	st			MI
Better-Wirz		A	ntonia			
Residential Street Address	Ci	ity			State	Zip Code
76 Ken Court	5	Stam	nford		СТ	06905
Principal Occupation			Name of Employer			
Educational coaching			All Our Kin			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of does contributor or business valued at more than \$5,000?	s he/she is				Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative			☐ Legislative		\$50.00	
Method of Contribution:			Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐	Money C	Order	7/30/2021	\$50.00		
	SUBTO	OTA	L Section B — This	Page	31,050.0)0
τ	OTAL	of ac	dditional Section B I	Pages		
TOTAL OF ALL CONTRIBUTIONS (Enter total o.)			IVIDUALS (Sections A		45.	19

Section B ADDITIONAL PAGE 21 of 67



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) T			TYPE OF REPORT	E OF REPORT			
Caroline Simmons for Mayor			7th Day Prec	th Day Preceding Primary Filing			
A. Total Contributions from S (See instructions for definition of Small			his Period ONLY FOTAL SECTION A	\$	0.00		
	B. Itemized Con	ntril	butions from Indivi	duals			
Last Name			First			MI	
Curtis			Rick				
Residential Street Address		City			State	Zip Code	
3 Cove Creek Lane		Mai	rshfield		MA	02050	
Principal Occupation			Name of Employer		-		
Retired			Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ■ No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	unt of Contributi	on
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a s No If yes, indicate which braid of government the contract	nch o	r branches	e contractor?		\$500.00	
Method of Contribution:			Date Received	Aggregate Contributions	7		
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Payroll Deduction Money	Orde	er 7/31/2021	\$1,500.00			
Last Name			First		_	MI	_
Sandford		- 1	Nicole				
Residential Street Address		City			State	Zip Code	
79 Sherwood Road		Sta	mford		СТ	06905	
Principal Occupation			Name of Employer		-		_
Consultant			Ellig group				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a c	andidate for a chief executive sociated with have a contract Yes No	e officer of a municipalit with said municipality	y, Amo	unt of Contribution	on
	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra-	nch o	or branches	te contractor? Ye. Legislative		\$250.00	
Method of Contribution:			Date Received Aggregate Contributions				
☐ Cash ☐ Personal Check ■ Credit/Debit (Card Payroll Deduction Money	Orde	er 8/1/2021	\$250.00			
Last Name		1	First			MI	
Luxenberg			Geoffrey				
Residential Street Address		City			State	Zip Code	
93 Plymouth Lane		Ma	nchester		СТ	06040	
Principal Occupation			Name of Employer				
Legislator			State of CT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	unt of Contributi	on
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective s			☐ Legislative		\$100.00		
Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit (Card Payroll Deduction Money	Orde	er 8/2/2021	\$600.00			
	SUBT	ГОТ	AL Section B — This	Page	\$850.0	0	
	TOTAL	, of	additional Section B I	Pages			_
momat or					_	1.00	_
TOTAL OF	ALL CONTRIBUTIONS FROM (Enter total on Line		DIVIDUALS (Sections A Column A of Summary Page		,45	, 45	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Caroline Simmons for Mayor			7th Day Prece	7th Day Preceding Primary Filing		
A. Total Contributions from Small Contributo (See instructions for definition of Small Contributor)			is Period ONLY OTAL SECTION A	\$	0.00	
B. Itel	mized Con	trib	utions from Individ	duals	86.4	
Last Name		Fi	rst			MI
Sapan			Josh			
Residential Street Address		City			State	Zip Code
285 Central Park West		New	York		NY	10024
Principal Occupation	-		Name of Employer			
President & CEO			AMC Networks			
	usiness he/she i		ndidate for a chief executive ciated with have a contract Yes No		, Amou	unt of Contribution
event reported in Section L1?	principal of a state which branent the contract	ch or		e contractor?		\$500.00
Method of Contribution:			Date Received	Aggregate Contributions	7	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deducti	ion Money	Order	8/2/2021	\$750.00		
Last Name		Fi	rst			MI
Carr		A	ndrew			
Residential Street Address		City			State	Zip Code
5 Osee Place		Gree	enwich		СТ	06807
Principal Occupation			Name of Employer			
Broker			TP ICAP			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in extraction does contributor or but valued at more than \$	usiness he/she i	o a cai	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	Amou	ant of Contribution
event reported in Section L1?	principal of a sate which bran	nch or		e contractor? Yes No Legislative		\$100.00
Method of Contribution:			Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deducti	ion Money	Order	8/3/2021	\$200.00		
Last Name		Fi	rst			MI
Hobbick			Christina			
Residential Street Address		City			State	Zip Code
86 High Clear Drive		Stan	nford		CT	06905
Principal Occupation			Name of Employer			
Specialist			Healthcare Indust	ry		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in each does contributor or by valued at more than \$	usiness he/she	to a car is asso	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	/, Amou	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative			\$25.00			
Method of Contribution: Date Received Aggregate Contributions						
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction	ion	Order	8/3/2021	\$25.00		
	SUBT	OTA	L Section B — This	Page	\$625.00)
	TOTAL	ofa	dditional Section B F	ages		
TOTAL OF ALL CONTRIBUTI		_				
			lumn A of Summary Page		15,4	5

Section B ADDITIONAL PAGE 23 of 67



A. Total Contributions from Small Contributors-Received this Period ONLY (See surfaceivour for definition of Small Contributors Substance Substanc	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Substitution of definition of Small Contribution Substitution	Caroline Simmons for	Mayor			7th Day Prece	7th Day Preceding Primary Filing			
Petersen					\$	0.00			
Petersen									
Petersen		B. Itemized Con	ntril	butions from Indivi	duals		With the street of the		
Rendential Surear Address 77 Notifingham Drive 81	Last Name		I	First			MI		
Principal Occupations	Petersen			Alexa					
Name of Employer One Acre Month of Employer One Acre One One Acre One Acre One Acre One Acre One Acre One Acre	Residential Street Address		City			State	Zip Code		
Analyst Secontributor a lobbyist, spouse, of contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, valued at more than \$5,000^{\circ}\$ Secontributor or business heighb is associated with an event reported in Section L17 Yes Secontributor or business heighb is associated with that we accurract with said municipality valued at more than \$5,000^{\circ}\$ Secontributor or prospective state contractor? Yes Second Yes Yes Second Yes Yes Second Yes Yes Second Yes Ye	77 Nottingham Drive		Sta	mford		СТ	06907		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No valued are not business he/she is associated with have a contract with add municipality, valued are more than \$1,000? Is this contributor a secolated with an event of sport in the contract of the c	Principal Occupation			Name of Employer					
does contribution accontacted with any accontractivity and manuscipality view of contribution accontacted with any accontractivity and manuscipality view event reported in Section L12 / 1/yes, indicate which branch or branches of government the contract is with: State Executive	Analyst			One Acre Fund					
event reported in Section L17 Figs. Inst Event #		does contributor or business he/she		sociated with have a contract		y, Amou	ınt of Contribution		
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Raidential Street Address City Darien Stute Contribution associated with an event reported in Section L1? Wested of Contribution State Payroll Deduction Money Order Manney Manual Street Address City Darien State Contribution State Contr	event reported in Section L1?	No If yes, indicate which bran	nch oi	r branches	■ No		\$100.00		
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 8/3/2021 \$200.00		or go retimient and contract				-			
Read Residential Street Address 15 Libby Lane Principal Occupation retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section 1.1? If yes, indicate which branch or branches of government the contract is with: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Stamford		Card □ Payroll Deduction □ Money	Orde	2/2/2021					
Residential Street Address 15 Libby Lane Principal Occupation retired Name of Employer retired Name of Employer retired	Last Name		F	First			MI		
15 Libby Lane Daries	Reed			Ann					
15 Libby Lane Daries	Residential Street Address		City			State	Zip Code		
retired retired retired retired			-	rien		1 1			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No la candidate for a chief executive officer of a municipality, or dependent child of a lobbyist? No la candidate for a chief executive officer of a municipality, or dependent child of a lobbyist? No la candidate for a chief executive officer of a municipality, or dependent child of a lobbyist? No la candidate for a chief executive officer of a municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? New No late of government the contract is with laws a contract or prospective state contractor? Yes No late Received 8/3/2021 Bate Received 8/3/2021 Bate Received 8/3/2021 Bate Received 8/3/2021 State Contributions Cash Personal Check Credit/Debit Card Payroll Deduction Money Order State Contributions City Stamford Card Car	Principal Occupation			Name of Employer					
or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? Yes plyes, indicate which branch or branches of government the contract is with: Date Received Aggregate Contributions Million	retired			retired					
event reported in Section L1?		does contributor or business he/she	to a ca is ass	sociated with have a contract	e officer of a municipality with said municipality	, Amou	ınt of Contribution		
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 8/3/2021 \$275.00	event reported in Section L1?	No If yes, indicate which bra.	nch o	or branches	■ No		\$100.00		
Last Name Maloney Residential Street Address 120 Woodridge Dr S Stamford Stamford Stamford Stamford Stamford Stamford Principal Occupation Product manager Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist? Is contributor or business he/she is associated with have a contract with said municipality, alued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, list Event # MI No No No No No Summe of Employer Virgin pulse Is contributor or business he/she is associated with have a contract with said municipality alued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Date Received Residential Street Address No Name of Employer Virgin pulse Amount of Contribution does contributor or principal of a state contractor or prospective state contractor? Is this contribution associated with an event reported in Section L1? No If yes, indicate which branch or branches of government the contract is with: Between the principal of a state contractor or prospective state contractor? Substitute of Bate Received Residential Street Address Amount of Contribution Section B — This Page Substitute of a municipality and municipality along the security of a municipality and municipality and municipality and substitution and su	Method of Contribution:			Date Received	Aggregate Contributions				
Maloney Daniel State State Zip Code CITY Code CITY Cash Payroll Deduction Payroll Deduction Principal Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order SUBTOTAL of additional Section B Pages CONTRIBITITIONS FROM INDIVIDIALS (Sections A + B) State CITY	☐ Cash ☐ Personal Check ■ Credit/Debit C	Card Payroll Deduction Money	Orde	ег 8/3/2021	\$275.00				
Residential Street Address 120 Woodridge Dr S Principal Occupation Product manager Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order SUBTOTAL Section B - This Page State Zip Code CT 06902 CT 06902 CT 06902 CT 0690	Last Name		I	First			MI		
120 Woodridge Dr S Stamford Principal Occupation Product manager Name of Employer Virgin pulse	Maloney			Daniel					
Principal Occupation Product manager Name of Employer Virgin pulse	Residential Street Address		City			State	Zip Code		
Principal Occupation Product manager Name of Employer Virgin pulse	120 Woodridge Dr S		Sta	mford		СТ	06902		
Product manager Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? If yes, list Event # Stybes, indicate which branch or branches of government the contract is with: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order						<u> </u>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No lose contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No list contribution associated with an event reported in Section L1? If yes, list Event # Stock If yes, indicate which branch or branches of government the contract is with: Executive Legislative Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 8/3/2021 \$125.00 \$225.00 Subtotal Section B Pages \$225.00									
or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No Substitution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Executive Legislative Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 8/3/2021 \$125.00 \$225.00 Substitution Sub		Trc . 1 .:			- affice- of a manufactuality				
event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Date Received Aggregate Contributions Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 8/3/2021 \$125.00 SUBTOTAL Section B — This Page \$225.00 TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDIALS (Sections A + B)		does contributor or business he/she	is ass	sociated with have a contract	with said municipality	y, Amot	int of Contribution		
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money Order 8/3/2021 \$125.00 SUBTOTAL Section B — This Page \$225.00 TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDIALS (Sections A + B)	Is this contribution associated with an event reported in Section L1? Yes No Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches			■ No		\$25.00			
SUBTOTAL Section B — This Page \$225.00 TOTAL of additional Section B Pages TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	Method of Contribution:								
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Payroll Deduction Money	Orde	8/3/2021	\$125.00				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)		SUBT	гот.	AL Section B — This	Page	\$225.00)		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Fining total on Line 13 Column 4 of Summary Page Totals) 2 3 3 4 5 4 9		TOTAL	of	additional Section B P	Pages				
	TOTAL OF	ALL CONTRIBUTIONS FROM	I INI	DIVIDUALS (Sections A	Totals) 23 20	15.49	.		

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Caroline Simmons for Mayor				7th Day Prece	7th Day Preceding Primary Filing			
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)			s Period ONLY TAL SECTION A	\$	0.0	0		
B. Itemized C	Contr	ribu	tions from Indivi	duals	- Jary			
Last Name		Firs	t				MI	
Gibb)ebra		T.			
Residential Street Address	City	У			State	Zip	Code	
32 Estwick Place	St	tami			СТ		06907	
Principal Occupation			Name of Employer					
Para Eductor			Stamford BOE					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?					/ Am	ount	of Contribution	
Is this contribution associated with an Yes Is contributor a principal of event reported in Section L1?				e contractor?		\$	25.00	
event reported in Section L1? No If yes, indicate which by of government the control of government the government the control of government the government that government the government the government that government the government				☐ Legislative				
Method of Contribution:			Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Mon	ney Or	rder	8/3/2021	\$25.00				
Last Name		Firs	t				Ml	
Hirsch		Eli	zabeth					
Residential Street Address	City	y			State	Zip	Code	
2200 North Ocean Boulevard, UNIT N1101	Fo	ort L	.auderdale		FL		33305	
Principal Occupation			Name of Employer					
Retired, Director WBDC Board member								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of the contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?	00 to a	a cand	didate for a chief executive lated with have a contract Yes No	e officer of a municipality with said municipality	Am	ount	of Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of If yes, indicate which of government the contributor of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which is of government the contributor aprincipal of If yes, indicate which is of government the contributor aprincipal of If yes, indicate which is of government the contributor aprincipal of If yes, indicate which is of government the contributor aprincipal of If yes, indicate which is of government the contributor aprincipal of If yes, indicate which is of government the contributor aprincipal of If yes, indicate which is of government the contributor aprincipal of If yes, indicate which is of government the contributor aprincipal of If yes, indicate which is of government the contributor aprincipal of If yes, indicate which is of government the contributor aprincipal of If yes, indicate which is of government the contributor aprincipal of If yes, indicate which is of government the contributor aprincipal of If yes, indicate which is of government the contributor aprincipal of If yes, indicate which is of government the contributor aprincipal of If yes, indicate which is of If yes, indi	branch	h or b	ranches	te contractor? Yes No Legislative		\$!	500.00	
Method of Contribution:			Date Received	Aggregate Contributions	7			
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Mor	ney Or	rder	8/3/2021	\$1,000.00				
Last Name		Firs	st				MI	
Bankson		Je	effrey					
Residential Street Address	Cit	ty			State	Zi	p Code	
55 Severance Drive	S	tam	ford		CT		06905	
Principal Occupation			Name of Employer					
Retired			Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?	100 to a she is a	a cano	didate for a chief executive iated with have a contract Yes No	e officer of a municipality with said municipality	у, Ап	iount	of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative			\$	\$25.00				
Method of Contribution:			Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Mo	ney Or	rder	8/3/2021	\$25.00				
SU	вто	TA	L Section B — This	Page	\$550.	00		
тот	'AL o	of ad	Iditional Section B I	Pages				
TOTAL OF ALL CONTRIBUTIONS FR				4 ± D)		_		
(Enter total on Li	ine 13,	Colu	umn A of Summary Page	Totals) 33,3	45.	4	7	

Section B ADDITIONAL PAGE 25

of	67
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor	(ערוי		TYPE OF REPORT			
Caroline Simmons for Mayor			7th Day Preceding Primary Filing			
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)		his Period ONLY FOTAL SECTION A	\$	0.00		
		butions from Individ	duals			
Last Name Christensen		First Eleanor		MI		
Residential Street Address 206 Clay Hill Road	City Sta	mford		State Zip Code CT 06905		
Principal Occupation Rtired		Name of Employer Retired		•		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$ does contributor or business he valued at more than \$5,000?				Amount of Contribution		
	branch o	contractor or prospective state r branches vith:	e contractor? Yes No	\$25.00		
Method of Contribution: ☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ M	Ioney Orde	Date Received 8/3/2021	Aggregate Contributions \$75.00			
Last Name Orlovsky		First Igor		MI		
Residential Street Address 37 River Ridge Court				State Zip Code CT 06902		
Principal Occupation Software Engineer		Name of Employer Fujifilm		VI		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$\frac{1}{2}\$ does contributor or business he valued at more than \$5,000?				Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal If yes, indicate which of government the co	h branch c		e contractor? Yes No Legislative	\$25.00		
Method of Contribution:		Date Received	Aggregate Contributions \$75.00			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ M		7.	\$75.00	MI		
Last Name Shepherd	- 1	Madeline		,		
Residential Street Address	City			State Zip Code		
180 Turn of River Road, 7C	Sta	ımford		CT 06905		
Principal Occupation Retired		Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor is in excess of \$\frac{9}{4}\$ does contributor or business he valued at more than \$5,000?	\$400 to a c e/she is ass	candidate for a chief executive sociated with have a contract Yes No	e officer of a municipality with said municipality	Amount of Contribution		
event reported in Section L1? No If yes, indicate which				\$100.00		
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ M	Ioney Orde	Date Received 8/3/2021	Aggregate Contributions \$480.00			
	TIII E	AL Section B — This		\$150.00		
		additional Section B F				
TOTAL OF ALL CONTRIBUTIONS FI			A + D)	- 1 -		
		Jolumn A of Summary Page	Totals) 33, 31	45.49		

Section B ADDITIONAL PAGE 26 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			
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)	eived this Period SUBTOTAL SE			0.00		
B. Itemized	Contributions fr	om Individuals				
Last Name	First				MI	
Rosenfeld	Richard					
Residential Street Address	City		S		Zip Code	
8 Club Rd	Stamford			СТ	06905	
Principal Occupation	Name of Er					
Attorney		d Rosenfeld, Esc				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$ does contributor or business he valued at more than \$5,000?	400 to a candidate for a /she is associated with I ☐ Y	nave a contract with sa	of a municipality, id municipality	Amou	nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of If yes, indicate which of government the contributor of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which is the If ye	branch or branches	orospective state contra	No No		\$50.00	
Method of Contribution:	Date Recei		nte Contributions	1		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mo	oney Order 8/3	3/2021 \$12	5.00			
Last Name	First			ļ	MI	
Exum	Tammy					
Residential Street Address	City		S	State	Zip Code	
40 Gin Still Lane West Hartford CT 0610				06107		
Principal Occupation	Name of E	nployer				
Legislator CT General Assembly						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$ does contributor or business he valued at more than \$5,000?	400 to a candidate for a /she is associated with h	have a contract with sa	of a municipality, id municipality	Amou	nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal If yes, indicate which of government the co	branch or branches	prospective state contra	No No		\$75.00	
Method of Contribution:	Date Recei		ate Contributions	1		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mo	oney Order 8/3	3/2021 \$12	5.00			
Last Name	First				MI	
Hearn	Gervais					
Residential Street Address	City		5	State	Zip Code	
405 Atlantic Street, #12D	Stamford			СТ	06901	
Principal Occupation Fundraiser	Name of E St. Lav	արloyer vrence University	′			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$\\$ does contributor or business he valued at more than \$5,000?	400 to a candidate for a /she is associated with	have a contract with sa	r of a municipality, id municipality	Amou	nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative			\$100.00			
Method of Contribution:	Date Recei		ate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ M			0.00	225.00		
	UBTOTAL Section		, a	223.00		
	TAL of additional					
TOTAL OF ALL CONTRIBUTIONS FI		S (Sections A + B)	33.34	5. 0	19	

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 Prece	7th Day Preceding Primary Filing		
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		his Period ONLY FOTAL SECTION A	\$	0.00		
B. Itemized Co.	ntril	butions from Individ	duals			
Last Name	F	First			MI	
De silva		Rohini				
Residential Street Address	City			State	Zip Code	
56 Sherwood Road	Star	mford		СТ	06905	
Principal Occupation		Name of Employer				
Retired		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is ass	sociated with have a contract Yes No	with said municipality	/, Amou	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a: If yes, indicate which brain of government the contract	nch or	r branches	e contractor? Yes No		\$25.00	
Method of Contribution:		Date Received	Aggregate Contributions	-		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	orde:	01110001	\$65.00			
Last Name	F	First			MI	
Scherer	ו	Daniel				
Residential Street Address	City			State	Zip Code	
117 Flint Rock Rd E	Star	mford		СТ	06903	
Principal Occupation Name of Employer						
Sales Gimbal						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	andidate for a chief executive cociated with have a contract Yes No	e officer of a municipality with said municipality	Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a lf yes, indicate which bra of government the contra	ınch o	or branches	e contractor? Yes No Legislative		\$100.00	
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Orde	er 8/5/2021	\$300.00			
Last Name	I	First	<u> </u>		MI	
Gilchrest		Jillian				
Residential Street Address	City			State	Zip Code	
360 north Quaker lane	We	est Hartford		СТ	06119	
Principal Occupation		Name of Employer			•	
State Representative		Connecticut Gene	eral Assembly			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	candidate for a chief executive sociated with have a contract Yes No	e officer of a municipality with said municipality	y, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state If yes, indicate which branch or branches of government the contract is with: Executive		☐ Legislative		\$50.00		
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Orde	er 8/5/2021	\$50.00			
SUB	тот	AL Section B — This	Page	\$175.0	0	
TOTAL	Lof	additional Section B I	Pages			
TOTAL OF ALL CONTRIBUTIONS FROM			A+B) 22 2	UC L	15	
(Enter total on Line	13, C	Column A of Summary Page	Totals) 33, 3	۳) . در	1 /	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYP			TYPE OF REPORT	E OF REPORT			
Caroline Simmons for Mayor			7th Day Prece	7th Day Preceding Primary Filing			
A. Total Contributions from Small Contributors-Recei (See instructions for definition of Small Contributor)		this Period ONLY	\$	0.00	l:		
B. Itemized Co	ontri	ibutions from Indivi	duals				
Last Name		First			MI		
Lucas		Gina					
Residential Street Address	City			State	Zip Code		
970 Hope Street	Sta	amford		СТ	06907		
Principal Occupation		Name of Employer					
Nonprofit Education		REACH Prep					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$4000 does contributor or business he/sh valued at more than \$5,000?	00 to a o	candidate for a chief executives sociated with have a contract Yes No	e officer of a municipality with said municipality	y, Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a lf yes, indicate which brof government the contributor apprincipal of a lf yes, indicate which brof government the contributor apprincipal of a list Event #	anch o		e contractor?		\$100.00		
Method of Contribution:		Date Received	Aggregate Contributions	_			
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	ey Ord	8/7/2021	\$100.00				
Last Name		First			MI		
Irwin		Jaik					
Residential Street Address	City			State	Zip Code		
30 Abel Avenue, rear unit	Sta	amford		СТ	06906		
Principal Occupation		Name of Employer			.,,		
Unemployed		Unemployed					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?	00 to a one is as	candidate for a chief executive sociated with have a contract Yes No	e officer of a municipality with said municipality	y, Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of If yes, indicate which by of government the contributor.	ranch		te contractor? ☐ Yes ☐ No		\$25.00		
Method of Contribution:		Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	ey Ord	der 8/8/2021	\$25.00				
Last Name		First			MI		
Lucano		Andrew					
Residential Street Address	City	W		State	Zip Code		
3 Bradley Court	Sy	osset		NY	11791		
Principal Occupation		Name of Employer					
Attorney		Seyfarth Shaw LL	.Р				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?	00 to a he is as	candidate for a chief executive ssociated with have a contract Yes No	e officer of a municipalit with said municipality	y, Amo	ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of If yes, indicate which by of government the contributor.	ranch		No		\$200.00		
Method of Contribution:		Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mon	ey Ord	der 8/9/2021	\$200.00				
SUE	втот	ΓAL Section B — This	Page	\$325.0	0		
TOTA	AL of	f additional Section B	Pages				
TOTAL OF ALL CONTRIBUTIONS FRO				100 1	1 G		
		Column A of Summary Page		15, `	17		

Section B ADDITIONAL PAGE 29 of 6

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Caroline Simmons for Mayor			7th Day Preceding Primary Filing			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		his Period ONLY	\$	0.00		
B. Itemized Con	tril	outions from Indivi	duals	1.50	E.	Ways 2
Last Name	F	First				Ml
Shanahan		Carl				
	City			State	Zip	Code
280 Ocean Drive East	Sta	mford		СТ	ļ	06902
Principal Occupation		Name of Employer				
Ceo		Specialty cable co				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?				y, Amo	unt o	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a st If yes, indicate which brane of government the contract	ch or	branches	e contractor? ☐ Yes ☐ No ☐ Legislative		\$1,	00.00
Method of Contribution:		Date Received	Aggregate Contributions	-		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money (Orde	г 8/10/2021	\$1,000.00			
Last Name	F	rirst	<u> </u>			MI
Hanson		Craig				
Residential Street Address	lity			State	Zip	Code
7 Abbey La	Meriden CT					06450
Principal Occupation		Name of Employer				
Retired		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	o a ca s asso	andidate for a chief executive ociated with have a contract Yes No	e officer of a municipalit with said municipality	y, Amo	unt o	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a section L1? No If yes, indicate which bran of government the contract	ich o	r branches	te contractor? Yes No Legislative		\$2	20.00
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money (Orde	г 8/10/2021	\$20.00			
Last Name		First				MI
Bloch		Abby				
	City	. V I -		State	Zip	Code 10065
	ivev	v York		NY		10005
Principal Occupation Retired		Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	o a ca	andidate for a chief executiv ociated with have a contract Yes Mo	e officer of a municipalit with said municipality	y, Amo	unt c	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 statement of the security of government the contract is with:			e contractor? ☐ Yes ☐ No ☐ Legislative		\$5	00.00
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Orde	r 8/11/2021	\$500.00			
SUBT	ОТ	AL Section B — This	Page	\$1,520.	00	
TOTAL	of	additional Section B I	Pages			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1.		DIVIDUALS (Sections A		15.	49	}

Section B ADDITIONAL PAGE 30 of 67

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Caroline Simmons for M	layor			7th Day Preceding Primary Filing			
A. Total Contributions from Sn (See instructions for definition of Small C			is Period ONLY OTAL SECTION A	\$	0.00)	
	B. Itemized Con		utions from Individ	duals			
Last Name		1	rst			MI	
Osman			Harley				
Residential Street Address		City			State	Zip Code	
57 West Hill Road		Starr	nford		СТ	06902	
Principal Occupation			Name of Employer				
Retired			Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?	o a car	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a s' No If yes, indicate which bran of government the contract	ch or	branches	■ No		\$100.00	
Method of Contribution:	of Boxestanons are contract	*****	Date Received	Aggregate Contributions	-		
☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	ard Payroll Deduction Money	Order	0/44/0004	\$200.00			
Last Name		Fi	rst			MI	
Petrelli		J	oseph				
Residential Street Address		City			State	Zip Code	
134 Haviland Drive		Harri	ison		NY	10528	
Principal Occupation		-	Name of Employer			ı.	
retired			retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?	o a car is asso	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1?		ıch or	branches	te contractor?		\$500.00	
Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ■ Credit/Debit Ca	ard Payroll Deduction Money	Order	8/11/2021	\$500.00			
Last Name		Fi	irst			MI	
Richman		E	Ellen				
Residential Street Address		City			State	Zip Code	
11 Conyers Farm Drive		Gree	enwich		СТ	06831	
Principal Occupation			Name of Employer				
Adjunct Professor			Columbia Univers	ity			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a ca is asso	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	/, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state of If yes, indicate which branch or branches of government the contract is with:			☐ Legislative		\$1,000.00		
Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	ard □ Payroll Deduction □ Money	Order	8/12/2021	\$1,000.00			
	SUBT	OTA	AL Section B — This	Page	51,600.	00	
	TOTAL	ofa	dditional Section B I	Pages			
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line	1 IND	DIVIDUALS (Sections A lumn A of Summary Page	A + B) 33, 1	5 45	, 49	

Section B ADDITIONAL PAGE 31 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			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		\$ 0.00				
B. Itemized Con	ntribu	utions from Individ	duals			
Last Name	Firs	st			MI	
Richman	F	Richard				
Residential Street Address	City			State	Zip Code	
11 Conyers Farm Drive	Conyers Farm Drive Greenwich			СТ	06831	
Principal Occupation		Name of Employer				
Chairman		The Richman Gro	up, Inc.			
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?	endent child of a lobbyist? In No does contributor or business he/she is associated with have a contract with said municipality				nt of Contribution	
event reported in Section L1? No If yes, indicate which bran	inten of branches			\$1,000.00		
9,700,1002.0000	L IS WILL	Date Received	Aggregate Contributions	-		
Method of Contribution: Cook	Order	8/12/2021	\$1,000.00			
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money			\$1,000.00		MI	
Last Name Greenfield	Firs	st effrey			IVII	
		oy		State	Zip Code	
	City 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? Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	Amount of Contribution Amount of Contribution Amount of Contribution Yes No					
event reported in Section L1? No If yes, indicate which brai	is contribution associated with an reported in Section L1? Yes Sociated with an Is contributor a principal of a state contractor or prospective state contractor? If yes No Sociated with an Is contributor a principal of a state contractor or prospective state contractor? Sociated with an Is contributor a principal of a state contractor or prospective state contractor? Sociated with an Is contributor a principal of a state contractor or prospective state contractor? Sociated with an Is contributor a principal of a state contractor or prospective state contractor? Sociated with an Is contributor a principal of a state contractor or prospective state contractor?				\$100.00	
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order Order	8/12/2021	\$100.00			
Last Name	Fir				MI	
Truglia	S	allyanne				
Residential Street Address	City			State	Zip Code	
11 George Street	Stam	nford		СТ	06902	
Principal Occupation		Name of Employer				
HR & Benefits Manager		NYAC UMC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				Amou	unt of Contribution	
If yes, list Event # Executive Legislative				\$100.00		
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order (8/12/2021	\$100.00			
SUBT	ГОТА	L Section B — This	Page \$	1,200.0	0	
TOTAL of additional Section B Pages						
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 33 345. 45						
(Enter total on Line	13, Coli	umn A of Summary Page	roms) フカノ	13. 6	7.]	

Section B ADDITIONAL PAGE 32

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			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		\$ 0.00				
B. Itemized Con	ıtrik	outions from Individ	duals			
Last Name	F	First			MI	
Tullis		James				
Residential Street Address	City			State	Zip Code	
1326 Lake Worth Lane	Norl	th Palm Beach		FL	33408	
Principal Occupation		Name of Employer				
Retired		Retired				
r contributor a lobbyist, spouse, r dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5.000?					ant of Contribution	
event reported in Section L1? No If yes, indicate which bran	ich or				\$100.00	
If yes, list Event # of government the contract	t is w		☐ Legislative	_		
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Orde	г 8/12/2021	\$200.00			
Last Name		First			MI	
Huffard		Kirk				
	City			State	Zip Code	
77 Havemeyer Ln, #32	Star	mford		СТ	06902-2153	
Principal Occupation		Name of Employer				
Retired		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive officer of a municipality, is associated with have a contract with said municipality Yes No				ant of Contribution	
	rincipal of a state contractor or prospective state contractor?				\$25.00	
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	г 8/12/2021	\$25.00			
Last Name	F	First			MI	
Gotfredson	- (Christopher				
Residential Street Address	City			State	Zip Code	
482 Henry St, Garden Apt	Bro	oklyn		NY	11231	
Principal Occupation		Name of Employer				
Sales Manager		Athletic Brewing C	Company			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality					
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a solution of government the contract of government the contract.	nch or	r branches vith: Executive	☐ Legislative		\$100.00	
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Orde	8/13/2021	\$200.00			
SUBT	тот	AL Section B — This	Page	\$225.00)	
TOTAL of additional Section B Pages						
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 33 345, 49						

Section B ADDITIONAL PAGE 33 of 6



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Caroline Simmons for Mayor			7th Day Preceding Primary Filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		\$ 0.00				
B. Itemized Con	ntrib	utions from Indivi	duals	THE STREET	y gant Elight by	
Last Name	Fin	rst			MI	
Lesser		Eric			1	
Residential Street Address	City			State	Zip Code	
41 Dover Road	Long	gmeadow		MA	01106	
Principal Occupation		Name of Employer			4	
State Senator		State of Massachu	usetts			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo	unt of Contribution	
event reported in Section L1? If yes, indicate which bran	d in Section L1? If yes, indicate which branch or branches No				\$500.00	
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payrol! Deduction ☐ Money	Order	8/13/2021	\$750.00			
Last Name	Fir	rst			MI	
Shaw	R	Ramya				
Residential Street Address	City			State	Zip Code	
62 Mayflower Avenue	Starr	nford		СТ	06906	
Principal Occupation		Name of Employer				
Senior Manager		Deloitte				
contributor a lobbyist, spouse, dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Amount of Contribution or Dustiness he/she is associated with have a contract with said municipality valued at more than \$5,000?					unt of Contribution	
this contribution associated with an enterported in Section L1? Yes No Is contributor a principal of a state contractor or prospective state contractor? Yes No If yes, list Event # Security S					\$25.00	
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order (8/13/2021	\$525.00			
Last Name	Fi	irst			MI	
Adams	В	Brien				
Residential Street Address	City			State	Zip Code	
58 Sachem Place	Stan	nford		CT	06902	
Principal Occupation		Name of Employer				
Firefighter		BCADAMS				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No Is contributor a principal of a section L1? If yes, indicate which brain of government the contract	nch or	branches	☐ Legislative		\$50.00	
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Order	8/15/2021	\$50.00			
SUBT	ГОТА	AL Section B — This	Page	\$575.0	0	
TOTAL	Lofa	dditional Section B F	ages			
TOTAL OF ALL CONTRIBUTIONS FROM				UC	49	
(Enter total on Line	13, Col	lumn A of Summary Page	Totals) トラムフ	-131	1	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Caroline Simmons for Mayor			7th Day Preceding Primary Filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		this Period ONLY TOTAL SECTION A	\$	\$ 0.00		
B. Itemized Co	ntri	ibutions from Indivi	duals			
Last Name		First			MI	
Brown		Mary Ann				
Residential Street Address	City			State	Zip Code	
254 Hillandale Avenue	Sta	amford		СТ	06906-2409	
Principal Occupation		Name of Employer				
retired		retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a o	candidate for a chief executive sociated with have a contract Yes No	with said municipality	, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contraction.	nch c	or branches	e contractor?		\$50.00	
Method of Contribution:		Date Received	Aggregate Contributions	_		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Ord	er 8/15/2021	\$150.00			
Last Name		First			MI	
Kiernan		Eaddy				
Residential Street Address	City			State	Zip Code	
428 Round Hill Road				СТ	06831	
Principal Occupation		Name of Employer				
consultant		consultant				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	does contributor or business he/she is associated with have a contract with said municipality				Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a lf yes, indicate which bra of government the contra	anch (or branches	te contractor? ☐ Yes ☐ No ☐ Legislative		\$1,000.00	
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Ord	ler 8/17/2021	\$1,000.00			
Last Name		First			MI	
Sweeney		Susan				
Residential Street Address	City			State	Zip Code	
44 Strawberry Hill Ave, APT 5F	Sta	amford		СТ	06902	
Principal Occupation		Name of Employer			.!	
retired		retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes dependent child of a lobbyist? Yes does contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality			/, Amo	unt of Contribution	
event reported in Section L1? No If yes, indicate which branch or branches of government the contract is with:			Legislative		\$25.00	
Method of Contribution		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Ord	ler 8/17/2021	\$125.00			
SUB	тот	ΓAL Section B — This	Page	31,075.	00	
TOTA	L of	additional Section B I	Pages			
TOTAL OF ALL CONTRIBUTIONS FROM	M IN	NDIVIDUALS (Sections A	A + B) 2 2	5 (15	44	
(Enter total on Line	13, 0	Column A of Summary Page	Totals) 33,	5 Y).	.77	

Section B ADDITIONAL PAGE 35 of 67

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Caroline Simmons for Mayor			7th Day Prece	7th Day Preceding Primary Filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		his Period ONLY OTAL SECTION A	\$	0.00			
B. Itemized Co.	ntrib	outions from Individ	duals				
Last Name	F	irst			MI		
Plumb		Allan					
Residential Street Address	City			State	Zip Code		
195 High Clear Drive	Star	mford		СТ	06905		
Principal Occupation		Name of Employer					
William Pitt Real Estate, Broker		William Pitt Real E					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	andidate for a chief executive ociated with have a contract Yes No	e officer of a municipality with said municipality	Amou	int of Contribution		
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a second reported in Section L1? No If yes, indicate which brait of government the contract	nch or	branches	contractor?		\$25.00		
3) 900, 1101 20 1011011	et is wi			-			
Method of Contribution: ☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money	/ Order	Date Received 8/18/2021	Aggregate Contributions \$50.00				
Last Name		irst	+		MI		
Cohan		Catherine					
	City			State	Zip Code		
25 Wallacks Drive	l 1	mford		CT	06902		
Principal Occupation		Name of Employer					
Retired		Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?					unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? No If yes, indicate which bra of government the contraction of government the contraction.	nch or	r branches	e contractor? ☐ Yes ☐ No ☐ Legislative		\$500.00		
Method of Contribution:		Date Received	Aggregate Contributions	7			
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	8/18/2021	\$600.00				
Last Name	F	First			MI		
Fichtel	F	Frederick					
Residential Street Address	City			State	Zip Code		
8 Half Moon Way	Star	mford		СТ	06902		
Principal Occupation		Name of Employer					
retired		retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	andidate for a chief executive ociated with have a contract Yes No	e officer of a municipality with said municipality	/, Amou	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative Legislative					\$21.00		
Method of Contribution:		Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money	/ Orde	r 8/18/2021	\$64.49				
SUBT	ГОТА	AL Section B — This	Page	\$546.00)		
TOTAL	Lofa	additional Section B F	ages				
TOTAL OF ALL CONTRIBUTIONS FROM	M INI	DIVIDUALS (Sections A	(+B) 22 2	UT C	9		
(Enter total on Line	13, Co	olumn A of Summary Page	Totals) 33 3	73.4	}		

Section B ADDITIONAL PAGE 36 of 67



				TYPE OF REPORT			
Caroline Simmons for Mayor			7th Day Preceding Primary Filing				
A. Total Contributions from Small Contributors-Recei		his Period ONLY TOTAL SECTION A	\$	0.00			
B. Itemized Co	ontril	butions from Indivi	duals	m/Syr			
Last Name	F	First			Ml		
Guite		Ann		r			
Residential Street Address	City	w York		State NY	Zip Code 10128		
1185 Park Avenue, 7F	Ivev			INI	10126		
Principal Occupation Art Consultant		Name of Employer Self employed					
н			27 2 11				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?				y, Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a lf yes, indicate which brow of government the contributor.	anch or	r branches	e contractor?		\$10.00		
Method of Contribution:		Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mond	ey Orde	8/18/2021	\$110.00				
Last Name	F	First			MI		
Ruiz		Cesar					
Residential Street Address	City			State	Zip Code		
39 Sylvan Knoll Road	Star	mford		СТ	06902		
Principal Occupation		Name of Employer					
Life Skills Coach		Abilis Inc					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?				/, Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Yes Is contributor a principal of If yes, indicate which be of government the contributor.	anch or	r branches	te contractor? Yes No Legislative		\$5.00		
Method of Contribution:		Date Received	Aggregate Contributions	7			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Ordei	r 8/18/2021	\$10.00				
Last Name	F	First			MI		
Manning	Įι	Lauren			ľ		
Residential Street Address	City			State	Zip Code		
29 Malibu Road	Star	mford		CT	06903		
Principal Occupation		Name of Employer					
Policy Consultant		Save the Children	ı				
	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality				unt of Contribution		
event reported in Section L1? No If yes, indicate which br					\$25.00		
Method of Contribution:		Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Ordei	r 8/18/2021	\$25.00				
SUB	TOT	AL Section B — This	Page	\$40.00			
TOTAL of additional Section B Pages							
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line		DIVIDUALS (Sections A plumn A of Summary Page		45,	19		

Section B ADDITIONAL PAGE ___37__

of	67
_	$\overline{}$

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	JB.	7		TYPE OF REPORT		- E	
Caroline Simmons for Mayor			7th Day Preceding Primary Filing				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)			Period ONLY TAL SECTION A	\$	0.00	0	
B. Itemized Co	ntr	ribut	ions from Individ	duals			
Last Name		First					MI
Mallozzi		Lir	nda				
Residential Street Address	City	y			State	Zip	Code
52 Nutmeg Lane	Sta	tamfo	ord		СТ		06905
Principal Occupation		1	Name of Employer		-		
Retired		1	Retited				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a	candi	date for a chief executive ted with have a contract ☐ Yes ■No	e officer of a municipality with said municipality	, Amo	ount o	of Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a If yes, indicate which bra	ınch o	or bra	inches	■ No		\$2	25.00
If yes, list Event # of government the contrar	Ct is v			Legislative	_		
Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Ord	der	8/18/2021	\$50.00			
Last Name		First					MI
Truglia		Mic	helle				
Residential Street Address	City	,			State	Zip	Code
1494 Shippan Avenue	Sta	tamfo	ord		CT		06902
Principal Occupation		1	Name of Employer			_	
Administrative Law Judge			State of Connection	cut			
	does contributor or business he/she is associated with have a contract with said municipality				of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a If yes, indicate which bra of government the contra	anch	or bra	anches	e contractor? Yes No Legislative		\$1	00.00
Method of Contribution:			Date Received	Aggregate Contributions	1		
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Ord	der	8/19/2021	\$700.00			
Last Name	_	First				_	Тмі
Shepherd			deline				
Residential Street Address	City	y			State	Zip	Code
180 Turn of River Road, 7C	Sta	tamfo	ord		CT		06905
Principal Occupation		1	Name of Employer				
Retired		1	Retired				
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400	to a	 a candi	date for a chief executive	e officer of a municipality	V. Am	ount c	of Contribution
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?					,		
Is this contribution appointed with an \textsty				100.00			
Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Ord	der	8/20/2021	\$480.00			
SUB	TOT	TAL	Section B — This	Page	\$225.0)0	
TOTAL	L of	f add	litional Section B P	ages			
TOTAL OF ALL CONTRIBUTIONS FROM				(+B) 72 2	uc	()(<u>-</u>
(Enter total on Line	13, 0	Colum	nn A of Summary Page	Totals) 33, 3	73.	7	1

Section B ADDITIONAL PAGE 38 of 7



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposit	itory)			TYPE OF REPORT		
Caroline Simmons for Mayor			7th Day Preceding Primary Filing			
A. Total Contributions from Small Contributors-Re (See instructions for definition of Small Contributor)			s Period ONLY OTAL SECTION A	\$	0.00	
B. Itemized	d Cont	tribu	itions from Indivi	duals	Spring.	
Last Name		Firs	st			MI
Adams		7	Terry			
Residential Street Address	Ci	ity			State	Zip Code
15 Lipton Place	S	Stam	ford		CT	06902
Principal Occupation			Name of Employer			
Retired			Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of does contributor or business I valued at more than \$5,000?	f \$400 to he/she is	a cano assoc	didate for a chief executive iated with have a contract	e officer of a municipality with said municipality	Amou	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal No If yes, indicate which of government the configuration of government the configuration.	ch branc	h or b		e contractor?		\$100.00
Method of Contribution:	CONTRACT		Date Received	Aggregate Contributions	-	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Cash ☐ Cash ☐ Payroll Deduction ☐ Cash ☐ Payroll Deduction ☐ Cash	Money C	Order	8/20/2021	\$400.00		
Last Name		Firs	t			MI
Peck		М	ohan			
Residential Street Address	Ci	ity			State	Zip Code
237 Rock Rimmon Road	S	Stam	ford		CT	06903
Principal Occupation			Name of Employer			
Retired			Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of does contributor or business! valued at more than \$5,000?	f \$400 to he/she is	a cano	didate for a chief executive iated with have a contract Yes No	e officer of a municipality with said municipality	, Amou	ınt of Contribution
Is this contribution associated with an event reported in Section L1? Solution a principal of government the	ich branc	ch or t		e contractor? Yes No Legislative		\$100.00
Method of Contribution:			Date Received	Aggregate Contributions	٦	
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ I	Money C)rder	8/21/2021	\$100.00		
Last Name		Fire	st			MI
Curtis		Jo	oan			
Residential Street Address	C	ity			State	Zip Code
3 Cove Creek Lane	N	Mars	hfield		MA	02050
Principal Occupation			Name of Employer			
Retired Pharmacist			Retired Pharmacis	st		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of does contributor or business valued at more than \$5,000?	he/she is				/, Amou	unt of Contribution
this contribution associated with an Section L1? Yes Is contributor a principal of a state contractor or prospective in Section L1? If yes, indicate which branch or branches			oranches	☐ Legislative		\$500.00
Method of Contribution:			Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐	Money C	Order	8/22/2021	\$500.00		
	SUBTO	OTA	L Section B — This	Page	\$700.00)
TO	OTAL	of ad	lditional Section B I	Pages		
TOTAL OF ALL CONTRIBUTIONS I	FROM	INDI	VIDUALS (Sections A	(+ B)		LIG.
			imn A of Summary Page		>45.	77

Section B ADDITIONAL PAGE 39 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		
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$	0.00	
B. Itemized Co		outions from Indivi	duals	1887	
Last Name	Fi	irst			MI
Pittoni		Luke		Saata	Zip Code
Residential Street Address	City			State CT	06903
283 Quarry Road	Star	mford 		CI	00903
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/shr valued at more than \$5,000?	0 to a ca e is asso	andidate for a chief executive ociated with have a contract ☐ Yes ☐ No	with said municipality		unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a fif yes, indicate which brateful of government the contrations of government the contration.	anch or	branches	e contractor?		\$100.00
Method of Contribution:		Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	ey Order	8/22/2021	\$100.00		
Last Name	Fi	irst			MI
Kagan		Carolyn			
Residential Street Address	City			State	Zip Code
14 Dartley St	Stan	mford		СТ	06905
Principal Occupation	-	Name of Employer			
psychotherapist		Alliance Therapy	Practice		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	0 to a ca e is asso	indidate for a chief executive ociated with have a contract Yes No	e officer of a municipality with said municipality	/, Amor	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a section L1? If yes, list Event # If yes, list Event #	anch or	branches	e contractor? Yes No Legislative		\$20.00
Method of Contribution:		Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	ey Order	8/23/2021	\$95.00		
Last Name	- 75	rirst			MI
Sarner	5	Sharyn			
Residential Street Address	City			State	Zip Code
122 Frost Pond Rd	151	mford		СТ	06903-3031
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?				y, Amo	unt of Contribution
event reported in Section L1? If yes, indicate which bra	Itribution associated with an No Is contributor a principal of a state contractor or prospective state contractor or prospecti				\$25.00
Method of Contribution:		Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	ey Order	8/23/2021	\$200.00		
SUB	BTOTA	AL Section B — This	Page	\$145.0	0
TOTA	Lofa	additional Section B I	Pages		
TOTAL OF ALL CONTRIBUTIONS FRO				45 (19
(Enter total on Line	e 13, Co	olumn A of Summary Page	Totals) JJJ	12.	{ · f

Section B ADDITIONAL PAGE 40 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			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				\$	0.00)	
B. Itemized	Contr		tions from Indivi	duals			
Last Name Rocha		Firs	t Marie			MI	
Residential Street Address	City		nane		State	Zip Code	
16 Fairway Dr	1 1	, tami	ford		СТ	06903	
Principal Occupation			Name of Employer		4		
CEO			Realist Ventures				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of does contributor or business h valued at more than \$5,000?	\$400 to a ne/she is a	a cand	didate for a chief executive intended with have a contract Yes No	e officer of a municipality with said municipality	y, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal If yes, indicate which of government the configuration of the principal If yes, indicate which of government the configuration of the principal II yes, list Event #	h branch	or b	tractor or prospective stat ranches :	e contractor?		\$100.00	
Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ N	Money Or	der	8/23/2021	\$800.00			
Last Name		Firs				MI	
Forte	la:	Jo	e		Terata	Zip Code	
Residential Street Address 109 Buckingham Drive	City	y tamt	ford		State	06902	
Principal Occupation			Name of Employer				
Optician				Imology Associate	es		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of does contributor or business h valued at more than \$5,000?	\$400 to a ne/she is a	canc	lidate for a chief executive ated with have a contract Yes No	e officer of a municipalit with said municipality	y, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principa If yes, indicate whice of government the contributor apprincipa If yes, indicate whice of government the contributor apprincipa	ch branch	ı or b		te contractor? Ye		\$50.00	
Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ M	Money Or		8/23/2021	\$50.00		T- a	
Last Name Ecker		Firs	narlesanna			MI	
Residential Street Address	City				State	Zip Code	
226 Dundee Road		, tam	ford		СТ	06903	
Principal Occupation			Name of Employer				
retired			retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of does contributor or business have valued at more than \$5,000?	`\$400 to a ne/she is a	a cand	didate for a chief executiviated with have a contract	e officer of a municipali with said municipality	ty, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative Legislative Security Legislative Security Legislative Security Legislative Security Legislative Security Legislative Security Legislative Leg				\$80.00			
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ N	Money Or	der	Date Received 8/24/2021	Aggregate Contributions \$625.00			
(E. S) TEVES I E I E		5.5.	WILLIAM TO THE WAR	ne n	4000.0		
s de la companya de	SUBTO	TAI	L Section B — This	Page	\$230.0	0	
то	TAL o	f ad	ditional Section B I	Pages			
TOTAL OF ALL CONTRIBUTIONS F	ROM I	NDI Colu	VIDUALS (Sections A	A + B) Totals) 3	345.	49	

Section B ADDITIONAL PAGE 41 of 67



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Caroline Simmons for Mayor			7th Day Prece	7th Day Preceding Primary Filing		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$	0.00		
	B. Itemized Con	ntrib	outions from Indivi	duals		
Last Name		F	irst			MI
Hague			Sarah			
Residential Street Address		City			State	Zip Code
60 WILTON ROAD		WIN	IDSOR		CT	06095
Principal Occupation			Name of Employer			
Political Director			Vote Mama			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a ca is asso	indidate for a chief executive ociated with have a contract	e officer of a municipality with said municipality	y, Amoi	unt of Contribution
event reported in Section L1?	No If yes, indicate which bran	nch or	branches	No		\$5.00
If yes, list Event #	of government the contrac	t is wi		☐ Legislative	_	
Method of Contribution:			Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Payroll Deduction Money	Order	8/24/2021	\$5.00		
Last Name		F	irst			MI
Besu Truchard		5	Suzanne			
Residential Street Address		City			State	Zip Code
1195 Thompson Avenue		Nap	а		CA	94558
Principal Occupation		-	Name of Employer			
Attorney and Real Estate Advisor			Self employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a ca is asso	indidate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	, Amoi	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a significant which brain of government the contract	n <mark>ch</mark> or	branches	te contractor? Yes No Legislative		\$50.00
Method of Contribution:	or government the contract	DC 15 W	Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ■ Credit/Debit C	Card □ Payroll Deduction □ Money	Order	8/24/2021	\$50.00		
Last Name		_	irst			MI
Brighton			Michele			
Residential Street Address		City			State	Zip Code
33 Dogwood Court		_	mford		СТ	06903
Principal Occupation		O to.	Name of Employer			
Finance			Mercury Business	Associates		
Is contributor a lobbyist, spouse, Yes	If contribution is in excess of \$400	to a ca	Indidate for a chief executive	e officer of a municipalit	y, Amo	unt of Contribution
or dependent child of a lobbyist?	does contributor or business he/she valued at more than \$5,000?					
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective s			☐ Legislative		\$100.00	
Method of Contribution:			Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order 8/25/2021 \$100.00						
	SUBT	TOT!	AL Section B — This	Page	\$155.00)
	TOTAL	ofa	dditional Section B I	Pages		
TOTAL OF A	ALL CONTRIBUTIONS FROM	1 INE	DIVIDUALS (Sections A	A+B) 22 1	UK	.49
	(Enter total on Line)	13, Co.	lumn A of Summary Page	Totals) リノムフ	/ T/) '	į.

Section B ADDITIONAL PAGE 42 of 42



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Caroline Simmons for Mayor			7th Day Prece	7th Day Preceding Primary Filing			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$	0.00			
B. Itemized Con	ntrib	outions from Individ	duals				
Last Name	Fi	irst			MI		
Chimes		Marjorie					
Residential Street Address	City			State	Zip Code		
18 Gurley Road	Stan	nford		CT	06902		
Principal Occupation		Name of Employer					
VP Marketing		TTEC					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Ато	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a s If yes, indicate which brar of government the contract	nch or	branches	e contractor?		\$100.00		
Method of Contribution:		Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	8/26/2021	\$100.00				
Last Name	Fi	irst			MI		
Schley	E	Daniel					
Residential Street Address	City			State	Zip Code		
186 Pine Creek Ave	Fairf	field		СТ	06824-6388		
Principal Occupation		Name of Employer					
Business		Dolphin II, LLC					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a car is asso	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	, Amou	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a lifyes, indicate which brain of government the contract.	nch or	branches	e contractor? ☐ Yes ☐ No ☐ Legislative		\$250.00		
Method of Contribution:		Date Received	Aggregate Contributions				
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money	Order	8/27/2021	\$525.00				
Last Name	F	irst			MI		
Clements	L	isa					
Residential Street Address	City			State	Zip Code		
123 Knox Road	Star	mford		CT	06907		
Principal Occupation		Name of Employer					
teaching assistant		JCC					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amoi	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a section L1? If yes, list Event # Of government the contract	nch or	branches	e contractor? ☐ Yes ☐ No ☐ Legislative		\$75.00		
Method of Contribution:		Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	8/27/2021	\$75.00				
SUBT	ГОТА	AL Section B — This	Page	\$425.00)		
TOTAL	ofa	dditional Section B P	ages				
TOTAL OF ALL CONTRIBUTIONS FROM				, /	4.0		
		lumn A of Summary Page		740	147		

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of 67

NAME OF COMMITTEE (Provide Complete Na.	me as Registered with Filing Repository)	West.		TYPE OF REPORT		
Caroline Simmons for Mayor			7th Day Prece	7th Day Preceding Primary Filing		
A. Total Contributions from S (See instructions for definition of Small			is Period ONLY OTAL SECTION A	\$	0.00	
	Λ					
	B. Itemized Con	ntrib	utions from Indivi	duals	e "Y	
Last Name		Fi	rst			MI
Leatherman			Mark			
Residential Street Address		City			State	Zip Code
51 Knickerbocker Avenue		Stan	nford		СТ	06907
Principal Occupation			Name of Employer			
R&D Manager			Momentive			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car is asso	ndidate for a chief executive ciated with have a contract	e officer of a municipality with said municipality	/a Amou	unt of Contribution
event reported in Section L1?	Yes Is contributor a principal of a s No If yes, indicate which brain of government the contract	nch or	branches	e contractor?		\$100.00
If yes, list Event#	of government the contract	EL IS WII			-	
Method of Contribution:		0 1	Date Received 8/28/2021	Aggregate Contributions \$100.00		
☐ Cash ☐ Personal Check ☐ Credit/Debit (Card Payroll Deduction Money			\$100.00		120
Last Name			Ispar			MI
Burriesci			lancy		La	7: 0.1
Residential Street Address		City	-6		State CT	Zip Code 06906
11 Rutz Street		Stan	nford		01	00900
Principal Occupation			Name of Employer			
Retired			Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	ess he/she is associated with have a contract with said municipality				unt of Contribution
<u> </u>	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch or	branches	te contractor? ☐ Yes ☐ No ☐ Legislative		\$100.00
Method of Contribution:			Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit (Card ☐ Payroll Deduction ☐ Money	Order	8/28/2021	\$100.00		
Last Name		Fi	irst			MI
Cohen		s	Shira			
Residential Street Address		City			State	Zip Code
59 Briarwood Lane		Stan	mford		СТ	06903
Principal Occupation			Name of Employer			
Student			American Univers	ity		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car	indidate for a chief executive ociated with have a contract Yes No	e officer of a municipality with said municipality	y, Amoi	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative Legislative				\$10.00		
Method of Contribution:	E		Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit	Card ☐ Payroll Deduction ☐ Money	Order	8/30/2021	\$10.00		
	SUB	FOT A	AL Section B — This	Page	\$210.00	O
	TOTAL	Lofa	dditional Section B I	Pages		
TOTAL OF	ALL CONTRIBUTIONS FROM				UC	49
			lumn A of Summary Page		1),	1/

Section B ADDITIONAL PAGE 44

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	16-3		TYPE OF REPORT			
Caroline Simmons for Mayor			7th Day Preceding Primary Filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$	0.00		
B. Itemized Co	ntribu	utions from Individ	duals			
Last Name	Firs	st			MI	
Allen	حالب	3enjamin				
Residential Street Address	City			State	Zip Code	
89 Haynes road	West	Hartford		CT	06117	
Principal Occupation		Name of Employer				
Director		Tucker Green and	Company			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a can is assoc	didate for a chief executive intended with have a contract Yes No	e officer of a municipality with said municipality	, Amou	ant of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a flyes, indicate which bra of government the contra	ınch or b	oranches	e contractor?		\$100.00	
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Order	8/30/2021	\$100.00			
Last Name	Firs	st			MI	
Orsini Rosen	M	arie				
Residential Street Address	City			State	Zip Code	
8 Elmbrook Drive Stamford				СТ	06906	
Principal Occupation	1	Name of Employer				
The Nature Conservancy in CT Director of Philanthropy		N/A				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amou	nt of Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a If yes, indicate which bra	anch or b	oranches	e contractor? Yes No Legislative		\$100.00	
If yes, list Event # of government the contra Method of Contribution:	act is will	Date Received	Aggregate Contributions	-		
Cash Personal Check Credit/Debit Card Payroll Deduction Money	Ordor	8/30/2021	\$100.00			
	('n:		Ψ100.00		MI	
Last Name Brown	Ti	homas			1.22	
		1011140		Curto	Zip Code	
Residential Street Address 115 Pine Hill Ave	City Stam	aford		State CT	06906	
	Stairi			01	00000	
Principal Occupation		Name of Employer				
Retired		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amou	unt of Contribution	
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative					\$100.00	
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Order	8/30/2021	\$200.00			
SUB'	тота	L Section B — This	Page	\$300.00)	
TOTA	L of ad	Iditional Section B P	ages			
				6		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		umn A of Summary Page		45.	47	

Section B ADDITIONAL PAGE 45 of 67

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		V=1-01100 100 100	TYPE OF REPORT			
Caroline Simmons for Mayor			7th Day Preceding Primary Filing			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$	0.00		
B. Itemized Co	ntrib	utions from Individ	duals			
Last Name	Fin	rst			MI	
Schechterman		Ellen		C4-4- 1	Zip Code	
Residential Street Address 98 Clearview Avenue	City Stan	nford		State CT	06907	
Principal Occupation		Name of Employer				
Software/application and language training		PC Possibilities, L				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				Amou	int of Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a lfyes, indicate which bra of government the contraction of government the contraction.	nch or l	branches	e contractor?		\$50.00	
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order (8/30/2021	\$50.00			
Last Name	Fir	rst			MI	
Kinder	R	andy				
Residential Street Address	City			State	Zip Code	
27 Bayberrie Drive	Stam	nford		CT	06902	
Principal Occupation		Name of Employer				
retired		retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amou	nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a If yes, indicate which bra of government the contra	ınch or	branches	e contractor? Yes No Legislative		\$200.00	
Method of Contribution:	CC IS WI	Date Received	Aggregate Contributions	7		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	8/30/2021	\$200.00			
Last Name	Fi	rst			MI	
Fallows	D	eborah				
Residential Street Address	City			State	Zip Code	
4780 Dexter St NW	Was	hington		DC	20007	
Principal Occupation		Name of Employer				
writer		self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	/, Amou	ant of Contribution	
s this contribution associated with an Vas II contributes a minimal of a state contractor or promoctive state contractor?					\$100.00	
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Order	8/31/2021	\$200.00			
SUB	ГОТА	L Section B — This	Page	\$350.00)	
TOTAL	L of a	dditional Section B P	'ages			
TOTAL OF ALL CONTRIBUTIONS FROM				,40	49	
(Enter total on Line	13, Col	umn A of Summary Page	1 otals) 531 -	ر ا /	. [/	

Section B ADDITIONAL PAGE 46 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			
A. Total Contributions from S (See instructions for definition of Small			his Period ONLY OTAL SECTION A	\$	0.00)	
						_	
	B. Itemized Co	ntrib	outions from Indivi	duals			
Last Name		F	irst			MI	
Bratchell			Dorothy				
Residential Street Address		City			State	Zip Code	
52 Willoughby Road		She			СТ	06484	
Principal Occupation			Name of Employer		_	•1	
coo			Womenâ"}s Busin	ess Development	Counci	 	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	andidate for a chief executive ociated with have a contract Yes No	e officer of a municipality with said municipality	y, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch or	branches	e contractor?		\$100.00	
Method of Contribution:	or government the contra		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit ©	Card □ Payroll Deduction □ Money	y Ordei	8/31/2021	\$100.00			
Last Name		F	irst			MI	
McGrath		J	Judith				
Residential Street Address		City			State	Zip Code	
15 West 89th Street		New	v York		NY	10024	
Principal Occupation			Name of Employer			1	
Retired			Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	andidate for a chief executive ociated with have a contract Yes No	e officer of a municipality with said municipality	y, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	ınch oı	r branches	te contractor? ☐ Yes ☐ No ☐ Legislative		\$1,000.00	
Method of Contribution:	1 0		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit ©	Card Payroll Deduction Money	y Order	r 9/1/2021	\$1,500.00			
Last Name		F	First			MI	
O'Shea		1	Stephanie				
Residential Street Address		City			State	Zip Code	
9 Norman Road		Sta	mford		CT	06906	
Principal Occupation			Name of Employer				
unemployed			unemployed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No Is contributor a principal of a If yes, indicate which bra of government the contra	ınch or	r branches with: Executive	☐ Legislative		\$25.00	
Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit	Card ☐ Payroll Deduction ☐ Mone	y Orde	9/1/2021	\$100.00			
	SUB	TOT	AL Section B — This	Page	\$1,125.	.00	
	TOTA	L of a	additional Section B l	Pages			
TOTAL OF	ALL CONTRIBUTIONS FRO	M INI	DIVIDUALS (Sections A	A+B) 72	2 (4 (Cug	
	(Enter total on Line	13, Ca	olumn A of Summary Page	$\frac{A+B}{Totals}$ 33	27.)·1 /	

Section B ADDITIONAL PAGE 47 of 67

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TY				YPE OF REPORT				
Caroline Simmons for Mayor				7th Day Prece	7th Day Preceding Primary Filing			
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)			is Period ONLY OTAL SECTION A	\$	0.0)0		
B. Itemized C	Conti	ribı	utions from Indivi	duals	5	ally el		
Last Name		Fir	st				MI	
Hynes			Thomas					
Residential Street Address	Cit	У			State	Zip	Code	
67 Fawnfield Road	S	tam	nford		CT		06903	
Principal Occupation			Name of Employer					
Finance			Wealth Enhancem	nent Group				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?	00 to a	a can	ididate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	y, Ar	nount	of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of If yes, indicate which be of government the company to the principal of the princip	oranch	ı or b	oranches	e contractor? ☐ Yes ☐ No ☐ Legislative		\$2	250.00	
Method of Contribution:			Date Received	Aggregate Contributions	_			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mod	ney Oı	rder	8/31/2021	\$250.00				
Last Name		Fir	rst				MI	
McGrath		Jι	udith					
Residential Street Address	Cit	у			State	Zip	Code	
15 West 89th Street	5 West 89th Street New York						10024	
Principal Occupation			Name of Employer					
Retired			Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?	00 to a she is a	a can assoc	ididate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	у, Ап	nount	of Contribution	
Is this contribution associated with an event reported in Section L1? Is contributor a principal of If yes, list Event # Is contributor a principal of If yes, indicate which of government the contributor of government the contributor approximation of government approximation of	brancl	h or I	branches	te contractor? ☐ Yes ☐ No ☐ Legislative		\$500.00		
Method of Contribution:			Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mo	ney Oı	rder	9/1/2021	\$1,500.00				
Last Name		Fir	rst	A.			MI	
Baker		T	heresa					
Residential Street Address	Cit	ty			State	Zij	p Code	
229 Hoyt Farm Road	N	lew	Canaan		СТ		06840	
Principal Occupation	_		Name of Employer					
Banker			Webster Bank					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?					y, Aı	nount	of Contribution	
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Security Securit					\$	100.00		
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mo	nev O	rder	Date Received 9/1/2021	Aggregate Contributions \$275.00				
		c - 1			\$850	<u></u>		
SU	BLO	TA	L Section B — This	Page	Ψ000			
TOT	AL	of ac	dditional Section B I	Pages				
TOTAL OF ALL CONTRIBUTIONS FR (Enter total on Li			IVIDUALS (Sections A umn A of Summary Page		, 4	S. 1	19	

Section B ADDITIONAL PAGE 48 of 67

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYF			TYPE OF REPORT					
Caroline Simmons for	Mayor			7th Day Prece	7th Day Preceding Primary Filing			
A. Total Contributions from S (See instructions for definition of Small			nis Period ONLY OTAL SECTION A	\$	0.00			
	B. Itemized Con	ntrib	outions from Indivi	duals	11 2 11 -			
Last Name		Fi	irst			MI		
Miller			Aaron					
Residential Street Address		City			State	Zip Code		
116 Black Rock Road		Star	nford		СТ	06903		
Principal Occupation		i.	Name of Employer					
Student			Student					
Is contributor a lobbyist, spouse, Or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca is asso	ndidate for a chief executive contract Yes No	e officer of a municipality with said municipality	/, Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1?	Yes Is contributor a principal of a s No If yes, indicate which brat of government the contrac	nch or	branches	e contractor? ☐ Yes ☐ No ☐ Legislative		\$100.00		
Method of Contribution:	02 90 10111110111 1110 11111		Date Received	Aggregate Contributions	-			
☐ Cash ☐ Personal Check ☐ Credit/Debit (Card ☐ Pavroll Deduction ☐ Money	Order		\$200.00				
Last Name			irst			MI		
Shepherd								
					State	Zip Code		
180 Turn of River Road, 7C Stamford				СТ	06905			
Principal Occupation			Name of Employer					
Retired Retired								
Is contributor a lobbyist, spouse, ☐ Yes or dependent child of a lobbyist? ☐ No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	Amo	unt of Contribution		
event reported in Section L1?	Yes Is contributor a principal of a No If yes, indicate which bra	nch or	ontractor or prospective star	■ No		\$100.00		
If yes, list Event #	of government the contra	ct is w	Date Received	Legislative Aggregate Contributions				
Method of Contribution: □ Cash □ Personal Check ■ Credit/Debit C	Pard Deduction Deduction Description	Order		\$480.00				
	Card III ayron Deduction II Money		irst	4.00.01		MI		
Last Name Abt		- 1	Michelle			,		
Residential Street Address		City			State	Zip Code		
150 June Rd			mford		СТ	06903		
Principal Occupation			Name of Employer					
Writer			Pulse Cantent					
Is contributor a lobbyist, spouse, Yes	If contribution is in excess of \$400	to a ca	ndidate for a chief executiv	e officer of a municipalit	v. Amo	unt of Contribution		
or dependent child of a lobbyist?	does contributor or business he/she valued at more than \$5,000?	is asso	ociated with have a contract Yes No	with said municipality				
If yes, list Event #				\$100.00				
Method of Contribution:		<i>c</i> :	Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit (Card ☐ Payroll Deduction ☐ Money	Order	9/1/2021	\$1,000.00				
	SUBT	TOT!	AL Section B — This	Page	\$300.0	0		
	TOTAL	Lofa	dditional Section B I	Pages				
TOTAL OF	ALL CONTRIBUTIONS FROM			1 . 7	1uc	US		
			lumn A of Summary Page		273	\mathcal{I}		

Section B ADDITIONAL PAGE 49 of 67



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Caroline Simmons for Mayor			7th Day Prece	eding Pı	rimary Filing	
A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor) S		his Period ONLY OTAL SECTION A	\$	0.00		
B. Itemized Con	ıtrib	outions from Indivi	duals	Y LIVE		
Last Name	F	rirst			MI	
Sandford		Dan				
Residential Street Address	City			State	Zip Code	
79 Sherwood Road	Star	mford		СТ	06905	
Principal Occupation		Name of Employer		1		
Business Owner		Flannel Danâ"}s A	mity Laundromat			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	o a ca	andidate for a chief executive ociated with have a contract Yes No	e officer of a municipality with said municipality	y, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a st If yes, indicate which bran- of government the contract	ch or	branches	e contractor? ☐ Yes ☐ No ☐ Legislative		\$200.00	
Method of Contribution:	15 771	Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	21110001	\$200.00			
			Ψ200.00		Тмі	
Last Name DiMento		^{irst} Joseph			IVII	
Residential Street Address C	City			State	Zip Code	
	Irvin	ie		CA	92617	
Principal Occupation		Name of Employer			J.	
Professor		uci				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?				Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a s If yes, indicate which bran of government the contract	ich or	r branches	e contractor? Yes No Legislative		\$25.00	
Method of Contribution:		Date Received	Aggregate Contributions	T		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money ©	Order	9/1/2021	\$125.00			
Last Name	F	rirst			MI	
Farin	F	Philip				
Residential Street Address	City			State	Zip Code	
5 E RIDGE RD	STA	AMFORD		СТ	06903	
Principal Occupation		Name of Employer		1		
retired		retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?				y, Amo	unt of Contribution	
event reported in Section L1? No If yes, indicate which bran	is contribution associated with an					
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	9/1/2021	\$25.00			
SUBT	OT A	AL Section B — This	Page	\$250.0	0	
TOTAL	of a	dditional Section B P	ages			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1.		DIVIDUALS (Sections A		, 45	.99	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT					
Caroline Simmons for Mayor			7th Day Prece	eding Pr	ima	ry Filing
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		this Period ONLY TOTAL SECTION A	\$	0.00		
B. Itemized Co	ntri	butions from Individ	luals	8.15	Ŋ.	
Last Name		First				MI
Cronin		Elizabeth				
Residential Street Address	City			State	Zip (Code
10 Crescent Bluff Avenue	Bra	anford		СТ		06405
Principal Occupation		Name of Employer			-	
Volunteer		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a c	candidate for a chief executive sociated with have a contract Yes No	e officer of a municipality with said municipality	y, Amo	unt of	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch o	or branches	e contractor?		\$10	00.00
Method of Contribution:		Date Received	Aggregate Contributions	_		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Orde	er 9/1/2021	\$100.00			
Last Name	П	First				MI
Bushell		Victor				
Residential Street Address	City			State	Zip (Code
245 Ocean Drive East						06902
Principal Occupation		Name of Employer				
attorney		Bushell Sovak & h	Kane LLP			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a c	candidate for a chief executive sociated with have a contract Yes No	e officer of a municipality with said municipality	y, Amo	unt of	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # No If yes, list Event # No If yes, list Event #	anch o	or branches	e contractor? ☐ Yes ☐ No ☐ Legislative		\$100.00	
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Orde	er 9/2/2021	\$100.00			
Last Name		First				MI
Fichtel		Frederick				
Residential Street Address	City			State	Zip (Code
8 Half Moon Way	Sta	amford		CT		06902
Principal Occupation	-	Name of Employer				
retired		retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?					unt o	f Contribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative Legislative					\$1	8.49
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Ord	er 9/2/2021	\$64.49			
SUB	тот	TAL Section B — This	Page	\$218.4	9	
TOTA	L of	additional Section B F	ages			
			(D)	_	-,	
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	13, C	Column A of Summary Page	Totals) 33 2	245	, (19

Section B ADDITIONAL PAGE 51 of 67

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) T			YPE OF REPORT					
Caroline Simmons for	Mayor			7th Day Prece	7th Day Preceding Primary Filing			
A. Total Contributions from S (See instructions for definition of Small			is Period ONLY OTAL SECTION A	\$	0.00			
	B. Itemized Con	ntrib	outions from Indivi	duals				
Last Name		Fi	irst			MI		
Drexler			Millard					
Residential Street Address		City			State	Zip Code		
640 Park Avenue		New	/ York		NY	10065		
Principal Occupation			Name of Employer					
CEO			Alex Mill					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca is asso	ndidate for a chief executive ciated with have a contract	e officer of a municipality with said municipality	Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a s No If yes, indicate which brain of government the contract	nch or	branches	e contractor?		\$500.00		
	or government the bound	76 15 111	Date Received	Aggregate Contributions	-			
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit (Card ☐ Payroll Deduction ☐ Money	Order	0/0/0004	\$500.00				
Last Name			irst			MI		
Luciani		J	ill					
Residential Street Address					State	Zip Code		
135 Van Rensselaer Ave Stamford				CT	06902			
Principal Occupation			Name of Employer					
Marketing consultant			Self employed					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	ndidate for a chief executivociated with have a contract Yes No	e officer of a municipality with said municipality	/, Amo	unt of Contribution		
	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch or	branches	te contractor? ☐ Yes ☐ No ☐ Legislative		\$100.00		
Method of Contribution:			Date Received	ved Aggregate Contributions				
☐ Cash ☐ Personal Check ■ Credit/Debit ©	Card ☐ Payroll Deduction ☐ Money	Order	9/2/2021	\$100.00				
Last Name		F	irst			MI		
Bilenker		5	Stephanie					
Residential Street Address		City			State	Zip Code		
57 Urban Street		Star	mford		СТ	06905		
Principal Occupation			Name of Employer					
Attorney (Self-employed)			Self-employed/no	name				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No				y, Amo	ount of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospect If yes, indicate which branch or branches of government the contract is with:			branches Executive	☐ Legislative		\$1,000.00		
Method of Contribution:			Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit	Card Payroll Deduction Money	Order	9/3/2021	\$1,000.00				
	SUBT	ГОТА	AL Section B — This	Page	\$1,600.0	00		
	TOTAL	ofa	dditional Section B I	Pages				
TOTALOR	ALL CONTRIBUTIONS FROM	110		A + B)				
TOTAL OF	(Enter total on Line	13, Co.	lumn A of Summary Page	Totals) 333	45.	19		

NAME OF COMMITTEE (Provide Complete Name as Registered with Film	ng Repository)		TYPE OF REPO	RT	1,012	
A. Total Contributions from S					n Dei	
A. Total Contributions from Small Contributor (See instructions for definition of Small Contributor)	rs-Received	this Period ONL	v I Day P	receding		ary Hil
Contributor)	SUI	STOTAL SECTION	\$ \$	0	.00	
R Ita	mired C- 4					
Last Name	mzed Contr	ibutions from Ind	lividuals			3.17
Michel		David				MI
Residential Street Address 4 Rockledge Drive	City	Buviu				
Principal Occupation	2000	mford		State	Zip C	
Wholesale consultant		Name of Employer		СТ		0690
		Eyes Of Steel				
s contributor a lobbyist, spouse, r dependent child of a lobbyist?	ess of \$400 to a ca		1' 00			
Valued of many 41.	iness he/she is asse	THE THE PARTY OF T	itive officer of a municipact with said municipality	ality, Am	nount of (Contrib
event reported in Section 1 10	incipal of a state of		0			
of government	which branch or	oralicites		Yes	\$100	0.00
of contribution;	t the contract is wi		e L Legislative		φισι	5.00
Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction	Morey Order	Date Received	Aggregate Contributions	s		
2r (AgitIC			\$100.00			
oseph	Fi				N	ΜI
sidential Street Address		eorge				
1 Dartley Street	City Stam	ford		State	Zip Code	e
ncipal Occupation	Otam	elet		СТ	06	6905
etired		Name of Employer Retired				
ontributor a lobbyist, spouse, ependent child of a lobbyist? Yes If contribution is in excess does contribute as herical does not c	s of \$400 to a					
ependent child of a lobbyist? Yes If contribution is in excess does contributor or busine valued at more than \$5,00	ss he/she is associ	THE THEFT HERVE & COMMINCE	e officer of a municipality	ty, Amou	unt of Co	ntribut
ves. list Event # No If yes, indicate w	cipal of a state con which branch or bi	tractor or prospective star		-	050.0	
nod of Contribution:	ne contract is with	☐ Executive	☐ Legislative)	\$50.0	Ю
ash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐	Tw 0 /	Date Received	Aggregate Contributions			
AGUIC .	- The state of	9/3/2021	\$50.00			
ston	First				MI	
ential Street Address	Tor	n —————			1100.5	
East 66th Street	City	- 1		State 2	Zip Code	
pal Occupation	New Y			NY	100	065
lia	1010	lame of Employer				
tributor a lobbyist, spouse,	<u> </u>	Firefly3 LLC				
does contributor or business	t \$400 to a candid he/she is associate	ate for a chief executive	officer of a municipality	Amount	t of Cont	tributio
contribution person is a living valued at more than \$5,000?	6	Yes No	ith said municipality		- Vait	
If yes, indicate which	al of a state contra	ctor or prospective state of	contractor?	7		
of government the	contract is with	Executive	No	\$	500.00)
h Personal Check Credit/Debit Card Payroll Deduction	Da	te Received A	ggregate Contributions	1		
Payroll Deduction	Money Order	0/0/00-	\$500.00	1		
	SURTOTALO	antin B				
		ection B — This Pa		650.00		
	TOAY O					
TO TOTAL OF ALL CONTRIBUTIONS FI (Enter total on	IAL of additi	onal Section B Pag	es			

Section B ADDITIONAL PAGE 53 of 67



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Caroline Simmons for M	layor			7th Day Prece	7th Day Preceding Primary Filing			
A. Total Contributions from Sm. (See instructions for definition of Small Co.			his Period ONLY TOTAL SECTION A	\$	0.00	1		
	B. Itemized Con	atril	butions from Indivi	duals				
Last Name		F	First			MI		
Nangle			Marian					
Residential Street Address		City			State	Zip Code		
191 Sylvan Knoll Road		Star	mford —		СТ	06902		
Principal Occupation			Name of Employer					
retired			retired					
or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a ca	andidate for a chief executive ociated with have a contract Yes No	e officer of a municipality with said municipality	y, Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1?	Yes Is contributor a principal of a s If yes, indicate which bran of government the contrac	ich or	branches	e contractor? ☐ Yes ☐ No ☐ Legislative		\$25.00		
Method of Contribution:			Date Received	Aggregate Contributions	-			
☐ Cash ☐ Personal Check ☐ Credit/Debit Car	rd □ Payroll Deduction □ Money	Orde		\$25.00				
Last Name		F	rirst			Ml		
Blaine		I	Martelle					
Residential Street Address		City			State	Zip Code		
3 Quincy Place Northeast Washington				DC	20002			
Principal Occupation			Name of Employer					
Physician Assistant			Anderson Orthopa	aedic Clinic				
or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				y, Amo	Amount of Contribution		
Is this contribution associated with an event reported in Section L1?		nch o	r branches	e contractor? Yes		\$50.00		
Method of Contribution:			Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ■ Credit/Debit Car	rd Payroll Deduction Money	Order	9/4/2021	\$50.00				
Last Name		F	First			MI		
Barneby		ı	Mary					
Residential Street Address		City			State	Zip Code		
1011 Washington Blvd, #1701		Star	mford		СТ	06901		
Principal Occupation			Name of Employer					
CEO			American Red Cro	oss				
or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				y, Amo	unt of Contribution		
			☐ Legislative		\$100.00			
Method of Contribution: ☐ Cash ☐ Personal Check ■ Credit/Debit Car	rd Payroll Deduction Money	Order	Date Received r 9/5/2021	Aggregate Contributions \$100.00				
Telsonal Check —Citabbent Cal		2			¢175 0	0		
	SUBT	OTA	AL Section B — This	Page	\$175.0	J		
	TOTAL	ofa	additional Section B P	ages				
TOTAL OF AL	LL CONTRIBUTIONS FROM (Enter total on Line I		DIVIDUALS (Sections A		,45.	,49		

Section B ADDITIONAL PAGE 54 of 67

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Re	epository)	M DIT		TYPE (F REPORT	200	VI VI VI TE BEE	
Caroline Simmons for Mayor				7t	7th Day Preceding Primary Filing			
A. Total Contributions from Small Contributors (See instructions for definition of Small Contributor)			is Period ONLY OTAL SECTION A	\$		0.00		
B. Itemi	ized Con	trib	utions from Indivi	duals		in Yes		
Last Name		Fi	rst				MI	
Adams			Terry					
Residential Street Address	1	City				State	Zip Code	
15 Lipton pl		Stan	nford			CT	06902	
Principal Occupation			Name of Employer					
Retired			Retired					
	ness he/she i		ndidate for a chief executive ciated with have a contract			, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a print of the print of the print of the print of government of government.	which bran	ch or		e contrac	■ No		\$50.00	
Method of Contribution:			Date Received	Aggregat	e Contributions			
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction	□Money	Order	9/5/2021	\$400	.00			
Last Name		Fi	rst				MI	
Blomstrom		E	leanor					
Residential Street Address		City				State	Zip Code	
26 Coolidge Ave		Stan	nford			CT	06906	
Principal Occupation			Name of Employer			-		
advocate			Advice					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess does contributor or busin valued at more than \$5,0	ness he/she i	o a car s asso	ndidate for a chief executive ciated with have a contract Yes No	e officer with said	of a municipality municipality	Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a print of government of government of government of government of government.	which bran	ich or			No No		\$50.00	
Method of Contribution:			Date Received		2 Contributions	1		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction	□Money	Order	8/19/2021	\$175	.00			
Last Name		Fi	irst				MI	
Tarantino		S	Shira					
Residential Street Address		City				State	Zip Code	
455 Hope Street, Suite 4D		Stan	nford			СТ	06906	
Principal Occupation			Name of Employer					
Homemaker			Homemaker					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in exce does contributor or busin valued at more than \$5,0	ness he/she i	o a car	ndidate for a chief executive ciated with have a contract Yes No	e officer with said	of a municipality municipality	, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a print of the print o	which bran	ich or	th: Executive	☐ Leg	■ No slative		\$20.00	
Method of Contribution:			Date Received		e Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction	□Мопеу	Order	8/23/2021	\$620	.00			
	SUBT	OTA	AL Section B — This	Page		\$120.0	0	
	TOTAL	of a	dditional Section B I	Pages				
TOTAL OF ALL CONTRIBUTION					22	345	49	
(Enter total	at on Line 1	3, Col	lumn A of Summary Page	i otals)))	013	. 17	

Section B ADDITIONAL PAGE __55__



NAME OF COMMITTEE (Provide Complete Na.	me as R	egistered with Filing Repository)	12		TYPE	OF REPORT			17 7 1
Caroline Simmons for Mayor			7t	7th Day Preceding Primary Filing					
A. Total Contributions from S (See instructions for definition of Small				this Period ONLY TOTAL SECTION A	\$	0.00			
		B. Itemized Co	ntri	butions from Indivi	duals				
Last Name				First				М	I
Jacobson				Lauren				Щ.	
Residential Street Address			City				State	Zip Code	
180 Glenbrook Road, #61			Sta	ımford			CT	00	6902
Principal Occupation				Name of Employer					
Attorney				Maya Murphy					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does	ontribution is in excess of \$400 s contributor or business he/she ed at more than \$5,000?	to a c	candidate for a chief executive sociated with have a contract Yes No	e officer with said	of a municipality I municipality	, Amo	unt of Co	ontribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of a siff yes, indicate which brand of government the contract	nch o	r branches		No		\$50.0	00
Method of Contribution:		-		Date Received		e Contributions	Ť.		
☐ Cash ☐ Personal Check ☐ Credit/Debit (Card [Payroll Deduction Money	/ Orde	er 8/6/2021	\$200	.00			
Last Name			1	First				M	1
Harvey				Calvine					
Residential Street Address			City				State	Zip Code	;
108 E 96th St, Apt 7D			NE'	W YORK			NY	1012	28-6219
Principal Occupation Name of Employer									
Sales Sotheby's									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does	ontribution is in excess of \$400 contributor or business he/she ed at more than \$5,000?					, Amo	unt of Co	ontribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of a If yes, indicate which bra of government the contra	nch c	or branches		■ No		\$20.0	00
Method of Contribution:	_	or government the contra	00 10 1	Date Received		e Contributions	-		
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card [Payroll Deduction Money	Orde	er 8/23/2021	\$220	.00			
Last Name				First				M	II
Brodeur-Sassi			- 1	Tancee					
Residential Street Address			City				State	Zip Code	e
22 Prince Place			1	amford			СТ		6905
Principal Occupation				Name of Employer					
teacher				Greenwich Acade	my				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does	ontribution is in excess of \$400 s contributor or business he/she led at more than \$5,000?					, Amo	unt of Co	ontribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	this contribution associated with an entreported in Section L1? Yes Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches				\$50.0	00			
Method of Contribution:				Date Received	Aggrega	e Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit (Card [Payroll Deduction Money	/ Orde	ег 8/23/2021	\$50.	00			
SUBTOTAL Section B — This Page						\$120.0	0		
TOTAL of additional Section B Pages									
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				333'	45,0	19			

Section B ADDITIONAL PAGE __56__ of 67

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Caroline Simmons for Mayor			7th Day Prece	7th Day Preceding Primary Filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)			Period ONLY TAL SECTION A	\$	0.00		
B. Itemized Co	ntr	ibut	tions from Individ	duals	1-1	. 7)	
Last Name		First					MI
McLaughlin		B	arbara				
Residential Street Address	City				State	Zip	Code
59 HOPE ST, Apt 21A	ST	TAM	FORD		СТ	0	6906-2622
Principal Occupation		- 1	Name of Employer				
Consultant			Ochsner Resource	e Group			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/sho valued at more than \$5,000?) to a	candi ssocia	idate for a chief executive ated with have a contract Yes No	e officer of a municipality with said municipality	, Amo	unt o	of Contribution
Is this contribution associated with an event reported in Section L1? If yes list Event # Is contributor a principal of a lf yes, indicate which bra of government the contra	inch	ог bга	anches	e contractor?		\$8	50.00
3,700,1002.1000	ict is		Date Received	Aggregate Contributions			
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Oro	- 11	8/11/2021	\$50.00			
Last Name		First	4				МІ
Lesperance			lette				
Residential Street Address	City	,			State	Zip	Code
61 Dunn Avenue	Sta	amfo	ord		CT		06905
Principal Occupation	L	1	Name of Employer				
Compliance			Business owner- I	L & L Group			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a e is as	candi	idate for a chief executive ated with have a contract Yes No	e officer of a municipality with said municipality	, Amo	unt o	of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which brown of government the contributor.	anch	or br	anches	e contractor? Yes No Legislative		\$2	20.00
Method of Contribution:		- 1	Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Orc	der	8/23/2021	\$20.00			
Last Name		First					Ml
Laversa		We	endy				
Residential Street Address	City	у			State	Zip	Code
150 Southfield Avenue	St	tamf	ord		CT		06902
Principal Occupation			Name of Employer			-	
Unemployed			Unemployed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?					/, Amo	unt o	of Contribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative				20.00			
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	ny Or	- 1	Date Received 8/23/2021	Aggregate Contributions \$20.00			
		1118	ALIGE BANK I	21 (11)	\$00.00		
SUB	TO	TAL	Section B — This	Page	\$90.00	,	
TOTA	L of	fado	ditional Section B F	Pages			
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line			VIDUALS (Sections A mn A of Summary Page		45.	49	1

Section B ADDITIONAL PAGE 57 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				3
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		\$	0.00				
B. Itemized Co.	ntrik	butions from Indivi	duals		N		
Last Name	F	First				MI	
Tang		Emily					
Residential Street Address	City				State	Zip Code	
604 Hope Street, #1	Sta	mford			СТ	06907	
Principal Occupation		Name of Employer					
Communications / Diversity & Inclusion		Charter Communi					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					Amoi	int of Contrib	ution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a: If yes, indicate which bra: of government the contract	nch or	r branches		No No		\$20.00	
Method of Contribution:		Date Received		e Contributions	1		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Orde	s 8/11/2021	\$520	.00			
Last Name	F	First				MI	
Hearn		Gervais					
Residential Street Address	City				State	Zip Code	
405 Atlantic Street, #12D	405 Atlantic Street, #12D Stamford CT 06901					06901	
Principal Occupation		Name of Employer					
Fundraiser		St. Lawrence Uni	versity				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality				unt of Contrib	ution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a If yes, indicate which bra of government the contra	inch o	r branches		No No		\$20.00	
Method of Contribution:		Date Received	""	Contributions			
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money	Order	r 8/23/2021	\$270	.00			
Last Name		First				MI	
Gevanter		Alexis					
Residential Street Address	City				State	Zip Code	,
40 Otter Rock Drive	Gre	enwich			CT	06830	,
Principal Occupation		Name of Employer					
Homemaker		Homemaker					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	andidate for a chief executive ociated with have a contract Yes No	e officer with said	of a municipality, municipality	Amo	unt of Contrib	ution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative				\$100.00			
Method of Contribution:		Date Received	Aggregat \$200	e Contributions			
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Orde	8/24/2021	φ200				
SUBT	ГОТ	AL Section B — This	Page		3140.00)	
TOTAL	Lofa	additional Section B l	Pages				
TOTAL OF ALL CONTRIBUTIONS FROM		DIVIDUALS (Sections A		333	,45.	49	

Section B ADDITIONAL PAGE 58 of 67



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Caroline Simmons for Mayor			7th Day Prece	7th Day Preceding Primary Filing			
A. Total Contributions from Small Contributors-Recei		this Period ONLY STOTAL SECTION A	\$	0.00			
B. Itemized Co	ontr	ibutions from Indivi	duals				
Last Name		First				MI	
Edwards, MD MPH		Karen			Lac		
Residential Street Address	City			State		Code	
132 Blackberry Drive	Sta	amford		СТ		06903	
Principal Occupation		Name of Employer					
Professor, Retired Physician		Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?	0 to a ne is as	candidate for a chief executives sociated with have a contract Yes No	with said municipality		nount o	f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a section L1? If yes, indicate which brown of government the contributor of government the contributor.	anch (e contractor?		\$1	00.00	
Method of Contribution:		Date Received	Aggregate Contributions	-			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	еу Ого	der 8/11/2021	\$200.00				
Last Name		First				MI	
Kaiko		Jackie					
Residential Street Address	City			State	Zip (Code	
76 Mill Road	Sta	amford		СТ		06903	
Principal Occupation		Name of Employer					
Retired Retired							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?	0 to a ne is as	candidate for a chief executives sociated with have a contract Yes No	e officer of a municipalit with said municipality	y, An	nount o	f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of If yes, indicate which be of government the cont	ranch		te contractor? Yes Legislative		\$2	20.00	
Method of Contribution:		Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Mon-	ey Ord	der 8/23/2021	\$545.00				
Last Name		First				MI	
Heraghty		Casey					
Residential Street Address	City			State	Zip	Code	
60 Fawn Drive	St	amford		СТ		06905	
Principal Occupation		Name of Employer		*			
Reinsurance		MetLife					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$40 does contributor or business he/sl valued at more than \$5,000?	00 to a	candidate for a chief executive ssociated with have a contract Yes No	ve officer of a municipality	y, Ar	mount o	of Contribution	
To this contractor of the contractor?				\$1	00.00		
Method of Contribution: Date Received Aggregate Contributions							
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mon	ey Ord	der 8/24/2021	\$100.00				
SUB	зто	TAL Section B — This	Page	\$220	.00		
TOTA	AL of	f additional Section B	Pages				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B (Enter total on Line 13, Column A of Summary Page Totals				34	5,4	9	

Section B ADDITIONAL PAGE __59 __ of __() ?

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Caroline Simmons for Mayor			7th Day Prece	7th Day Preceding Primary Filing			
A. Total Contributions from S (See instructions for definition of Small)			his Period ONLY FOTAL SECTION A	\$	0.00		
	B. Itemized Cor	ıtril	butions from Indivi	duals	III)		
Last Name		I	First			MI	
Gilfeather			Maureen				
Residential Street Address		City			State	Zip Code	
196 HIGH CLEAR DR		STA	AMFORD		СТ	06905	
Principal Occupation			Name of Employer				
Retired			Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?	to a c	andidate for a chief executive sociated with have a contract Yes No	e officer of a municipality with said municipality	, Amou	int of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contrac	ich oi	r branches	e contractor?		\$100.00	
	of government the consuc		Date Received	Aggregate Contributions	-		
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit C	ard □ Payroll Deduction □ Money	Orde		\$200.00			
Last Name		I	First			MI	
Gwozdziowski, PhD			Joanna				
Residential Street Address		City			State	Zip Code	
191 Van Rensselaer Avenue		Sta	mford		CT	06902	
Principal Occupation			Name of Employer				
Unemployed							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a c	andidate for a chief executive sociated with have a contract Yes No	e officer of a municipality with said municipality	, Amou	ant of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a significant of government the contract	nch o	or branches	te contractor? Yes No Legislative		\$50.00	
Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ■ Credit/Debit C	ard Payroll Deduction Money	Orde	er 8/23/2021	\$175.00			
Last Name			First			MI	
Ecker			Charlesanna				
Residential Street Address		City			State	Zip Code	
226 Dundee Road		Sta	amford		СТ	06903	
Principal Occupation			Name of Employer				
retired			retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☐ No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amou	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative Legislative					\$20.00		
Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Payroll Deduction Money	Orde	er 8/24/2021	\$625.00			
	SUBT	тот	AL Section B — This	Page	\$170.00)	
	TOTAL	_ of	additional Section B I	Pages			
TOTALOR	ALL CONTRIBUTIONS FROM			A + R)			
TOTAL OF A			Column A of Summary Page		45,	49	

Section B ADDITIONAL PAGE 60 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			
A. Total Contributions from S (See instructions for definition of Small			nis Period ONLY OTAL SECTION A	\$	\$ 0.00	
	B. Itemized Cor	ıtrib	outions from Individ	duals	1811	
Last Name		F	irst			MI
Swanberg			Sarah			
Residential Street Address		City			State	Zip Code
57 Ocean drive west		Star	mford		CT	06902
Principal Occupation			Name of Employer			
Acupuncturist			Indigo Wellness G	Group		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a ca	andidate for a chief executive ociated with have a contract Yes No	e officer of a municipality with said municipality	Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1?	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contrac	ich or	branches	e contractor?		\$20.00
Method of Contribution:	80		Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit C	ard □ Payroll Deduction □ Money	Order	8/16/2021	\$195.00		
Last Name		F	irst			MI
Sherman-Avidan		J	Jocelyn			
Residential Street Address		City			State	Zip Code
52 Harvest Hill Lane		Star	mford		CT	06905
Principal Occupation Name of Employer						
Fundraising Greenwich Academy						
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 of Contribution of Contribution of Contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contribution or business he/she is associated with have a contract with said municipality valued at more than \$5,000?				unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which bra of government the contract	nch o	r branches	te contractor? ☐ Yes ☐ No ☐ Legislative		\$20.00
Method of Contribution:			Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Payroll Deduction Money	Orde	r 8/23/2021	\$56.00		
Last Name		F	First			MI
Feighan		ı	Michael			
Residential Street Address		City			State	Zip Code
101 Maple Tree Ave., Suite 2L		Sta	mford		CT	06906
Principal Occupation			Name of Employer			
Retired			Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	andidate for a chief executive ociated with have a contract Yes No	e officer of a municipality with said municipality	y, Amo	ount of Contribution
TVo			\$20.00			
Method of Contribution:						
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money Order 8/24/2021 \$170.00						
	SUBT	гот	AL Section B — This	Page	\$60.00	0
	TOTAL	Lof	additional Section B	Pages		
TOTAL OF	ALL CONTRIBUTIONS FROM (Enter total on Line	M INI	DIVIDUALS (Sections . olumn A of Summary Page	A + B) Totals) 3334	15,4	 ዓ

Section B ADDITIONAL PAGE 61 of 67

NAME OF COMMITTEE OF A COLUMN BOARD AND THE BOARD	74)			TYPE OF REPORT	10.0	
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				-di Di	in and Filing	
Caroline Simmons for Mayor			7th Day Preceding Primary Filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$	0.00		
B. Itemized	d Contr	ribu	tions from Individ	duals		refair y rei
Last Name		First				Ml
Woods Matthews	To		lichelle		Ct-t-	Zin Codo
Residential Street Address 92 Lancaster Road	City		Hartford		State	Zip Code 06119
Principal Occupation	V V		Name of Employer			00110
Communications Manager			• •	er Shawn Wooden		
Is contributor a lobbyist, spouse,	f \$400 to a	a cand			Amo	unt of Contribution
or dependent child of a lobbyist? No does contributor or business valued at more than \$5,000?	he/she is a	associ	ated with have a contract Yes No	with said municipality	<u>'</u>	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state of government the contract is with: If yes, list Event #			contractor? ☐ Yes ☐ No ☐ Legislative		\$20.00	
Method of Contribution:			Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐	Money Or	rder	8/17/2021	\$20.00		
Last Name		First				MI
Stowe			thleen			I a
Residential Street Address	City		wich		State	Zip Code 06831
52 Crown Lane			Name of Employer			00001
Principal Occupation None			None			
	f \$400 to a	a annd		officer of a municipality	Amo	unt of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of does contributor or business I valued at more than \$5,000?	he/she is a	associa	ated with have a contract Yes No	with said municipality		ant of Contribution
Is this contribution associated with an event reported in Section L1? Section L1.	ich branch	h or b		e contractor? ☐ Yes ☐ No ☐ Legislative		\$100.00
Method of Contribution:			Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Deduction	Money Or	rder	8/23/2021	\$100.00		
Last Name		First				MI
Suggs			achel			
Residential Street Address	City		4		State	Zip Code 06880
64 Center St	VV	Vestr	Name of Employer		СТ	00000
Principal Occupation Student			Student Student			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of does contributor or business valued at more than \$5,000?	he/she is a				Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of government the	ich branch	n or br		e contractor?		\$20.00
Method of Contribution:			Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐	Money Or	rder	8/24/2021	\$20.00		
	SUBTO	TAI	Section B — This	Page	\$140.0	0
TO	OTAL o	of ad	ditional Section B I	Pages		
TOTAL OF ALL CONTRIBUTIONS				\ + D\		
(Futer states	n Line 12	Cole	mn A of Cumman Page		U C	49

Section B ADDITIONAL PAGE 62 of 7



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Caroline Simmons for Mayor			7th Day Preceding Primary Filing			
A. Total Contributions from Small Contributors-Reco		this Period ONLY STOTAL SECTION A	\$	\$ 0.00		
B. Itemized (Contr	ibutions from Indivi	duals			
Last Name		First			MI	
Cassidy		Amanda				
Residential Street Address	City			State	Zip Code	
31 Northwoods Road	Sta	amford		CT	06905	
Principal Occupation		Name of Employer				
Homemaker		Homemaker				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$4 does contributor or business he/valued at more than \$5,000?	400 to a she is as	candidate for a chief executive sociated with have a contract Yes No	e officer of a municipality with said municipality	/, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of If yes, indicate which of government the contributor of government the contributor approach is the section of government approach is	branch :		e contractor?		\$50.00	
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mo	oney Oro	8/18/2021	\$50.00			
Last Name		First			MI	
Fay		Melissa				
Residential Street Address	City			State	Zip Code	
66 Diamondcrest Lane	Sta	amford		СТ	06903	
Principal Occupation		Name of Employer		72		
Finance	Finance Drexel Hamilton					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 does contributor or business he/valued at more than \$5,000?	400 to a /she is as	candidate for a chief executive sociated with have a contract Yes No	e officer of a municipality with said municipality	Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of If yes, indicate which of government the contributor of government the contributor approach is the second of government the second of government the contributor approach is the second of government the government the second of government the second of government the	branch		te contractor?		\$50.00	
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mo	oney Orc	der 8/23/2021	\$125.00			
Last Name		First	A.————————————————————————————————————		MI	
Subrahmanyam		Ratna				
Residential Street Address	City			State	Zip Code	
52 Blackberry Drive	St	amford		СТ	06903	
Principal Occupation		Name of Employer				
Executive		General Electric				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$4 does contributor or business her valued at more than \$5,000?	400 to a /she is a	candidate for a chief executive ssociated with have a contract Yes No	e officer of a municipality with said municipality	y, Amo	unt of Contribution	
s this contribution associated with an vent reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor?			\$20.00			
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mo	oney Ore	der 8/24/2021	\$20.00			
SU	JBTO	TAL Section B — This	Page	\$120.0	0	
тот	ΓAL of	f additional Section B I	Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				345	.49	

Section B ADDITIONAL PAGE 63

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TIPE OF KEPOKI				
Caroline Simmons for Mayor	7th Day Preceding Primary Filing					
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	red this Period ONLY SUBTOTAL SECTION A	\$	0.00			
B. Itemized Co	ntributions from Indivi	duals				
Last Name	First		MI			
Norinsky	Judy		5			
Residential Street Address 290 Guinea Road	City Stamford		State Zip Code CT 06903			
			01 00000			
Principal Occupation President, non-profit; real estate agent	Name of Employer Historic Neighbor	hood Preservation				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Yes No	ve officer of a municipality, t with said municipality	Amount of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a fixed in Section L1? If yes, list Event # Of government the contraction of government the government the government the government of government the government the government of govern		te contractor? Yes No	\$100.00			
Method of Contribution:	Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 8/18/2021	\$100.00				
Last Name	First	*	MI			
Druckman	Robin					
Residential Street Address	City		State Zip Code			
94 Fieldstone Terrace	Stamford		CT 06902			
Principal Occupation Name of Employer						
Retired	Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executiv is associated with have a contract Yes No	ve officer of a municipality, t with said municipality	Amount of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? No If yes, indicate which bra of government the contra		tte contractor? Yes No Legislative	\$20.00			
Method of Contribution:	Date Received	Aggregate Contributions	1			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 8/23/2021	\$220.00				
Last Name	First		MI			
Residential Street Address	City		State Zip Code			
Principal Occupation	Name of Employer		1			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contractor Yes No	ve officer of a municipality t with said municipality	Amount of Contribution			
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative Legisla						
Method of Contribution:	Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Order					
SUB	TOTAL Section B — This	s Page	\$120.00			
TOTA	L of additional Section B	Pages				
TOTAL OF ALL CONTRIBUTIONS FROM	M INDIVIDUALS (Sections 13, Column A of Summary Page	A + B) 3334	5 .49			
(Emer with on Line	, comming inge	000				

Section B ADDITIONAL PAGE 69 of 67

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposite	ory)	TYPE OF REPORT
CarolineSimmons & mayor		Find ay borce can somen
A. Total Contributions from Small Contributors-Re	ceived this Period ONLY	\$
(See instructions for definition of Small Contributor)	SUBTOTAL SECTION A	
B. Itemized	Contributions from Individ	
Last Name	First	MI
Residential Street Address	City	State Zip Code
1 Broad St. PH-D5	Stamford	CT 06901
Principal Occupation	Name of Employer	
retired	refired	0.00 (2.00)
or dependent child of a lobbyist? No does contributor or business h valued at more than \$5,000?	\$400 to a candidate for a chief executive ne/she is associated with have a contract was Yes	rith said municipality
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal If yes, indicate which of government the contribution associated with an event reported in Section L1? In No.	of a state contractor or prospective state h branch or branches ontract is with:	contractor? Z Yes No \$500
Method of Contribution:		Aggregate Contributions
☐ Cash		\$500 M
Savage	First Lolita	
Residential Street Address Broad St. PHD-5	stam-ford	State Zip Code O 690]
Find arm It and homem aker	Self employer	V
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of does contributor or business by valued at more than \$5,000?	\$400 to a candidate for a chief executive ne/she is associated with have a contract was Yes No	officer of a municipality, ith said municipality Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal No If yes, indicate which of government the section II.		☐ Legislative
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ N	Money Order Date Received	Aggregate Contributions
Last Name	First Carl	МІ
Wise		State Zip Code
Residential Street Address Strawberm Hill Ct Apt 3H	Stamford	CT 06907
Principal Occupation Managing director	Name of Employer Hunt Cap	ital parmers
Is contributor a labbuist enouse \ \tag{\text{Ves}} \ If contribution is in excess of	\$400 to a candidate for a chief executive he/she is associated with have a contract v Yes No	with said municipality
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal No If yes, indicate which of government the		☐ Legislative
Method of Contribution: □ Cash Personal Check □ Credit/Debit Card □ Payroll Deduction □	121.101	Aggregate Contributions
	SUBTOTAL Section B — This	Page \$ 850
TO	OTAL of additional Section B P	ages
TOTAL OF ALL CONTRIBUTIONS I	FROM INDIVIDUALS (Sections A Line 13, Column A of Summary Page 1	(+B) 33,345,49

Section B ADDITIONAL PAGE 65 of 67

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
caroling simmons for mayor	7th day pre ciding on man
A. Total Contributions from Small Contributors-Received this Period ONLY	
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A	.
B. Itemized Contributions from Ind	
Last Name Prist Vrginia	MI
Residential Street Address (05(a N.R. Hover &d Staimford	State Zip Code C7 0 690 2
Principal Occupation Name of Employer Petred Petred	1
or dependent child of a lobbyist?	ract with said municipality
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective If yes, indicate which branch or branches of government the contract is with:	state contractor?
Method of Contribution: Date Received	Aggregate Contributions
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 8/24/21	
Last Name Chun First Paulo	MI
Cin	State Zip Code
222 N. LaSalle Street Suiti 2000 Chicago	16 60601
Principal Occupation Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief exect does contributor or business he/she is associated with have a contributor or business he/she is a second business he/she i	ract with said municipality
	tive Legislative
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ 8/23/2	Aggregate Contributions \$ 399
First	MI
Corbet Residential Street Address City	State Zin Code
49 cross ridge road new can	aan CT 06840
Principal Occupation CON SUITAN † Name of Employer Crossnag	e capital LLC
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief exect does contributor or business he/she is associated with have a convalued at more than \$5,000?	tract with said municipality
3,500,000 - 1,000	tive Legislative
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ Date Received	Aggregate Contributions
SUBTOTAL Section B — T	This Page \$ 999
TOTAL of additional Section	B Pages
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section (Enter total on Line 13, Column A of Summary F	ons A + B) 33345.49

Section B ADDITIONAL PAGE (16 of (27

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing	g Repository)	TYPE OF REPORT
(Upoline simmens for mayor		7th Day Proceding Primary
A. Total Contributions from Small Contributo (See instructions for definition of Small Contributor)	rs-Received this Period ONI SUBTOTAL SECTION	NA \$
B. Ite	mized Contributions from I	
Last Name	First Wir	then MI
Residential Street Address	City Stamps	vd State CT O6906
Principal Occupation Clergy	Name of Employer	remployed
Is contributor a lobbyist spouse \(\square\) Yes If contribution is in ex	xcess of \$400 to a candidate for a chief endinners he/she is associated with have a continuous state.	xecutive officer of a municipality, Amount of Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a property of the section L1? No If yes, indicates the section L1?	principal of a state contractor or prospect ate which branch or branches ent the contract is with:	ive state contractor?
☐ Cash ☐ Payroll Deducti		
Residential Street Address 10/06 HISD Rid Se Add Co	d City Stam Fore	e State Zip Code CT 06905
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ves If contribution is in expose does contributor or by valued at more than \$\frac{1}{2}\$	Name of Employer Excess of \$400 to a candidate for a chief excess he/she is associated with have a company of the second	xecutive officer of a municipality, ontract with said municipality No Amount of Contribution
event reported in Section L1? No If yes, indic	principal of a state contractor or prospect ate which branch or branches tent the contract is with:	tive state contractor?
☐ Cash ☐ Payroll Deduction	ion Money Order S 12012	.(
Last Name (WW)	First Jame	
Residential Street Address 222 Norm La Salle St. Culk 2		State Zip Code
Principal Occupation Pre SI den +		company
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or b valued at more than \$\frac{1}{2}\$	xcess of \$400 to a candidate for a chief e usiness he/she is associated with have a composition of the compo	xecutive officer of a municipality, ontract with said municipality No
event reported in Section L1? If yes, indic of government of government of the section L1?	principal of a state contractor or prospect ate which branch or branches ent the contract is with:	tive state contractor?
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduct	61.51	
	SUBTOTAL Section B —	- This Page \$ 1, 499
	TOTAL of additional Section	
TOTAL OF ALL CONTRIBUT	IONS FROM INDIVIDUALS (Sectoral on Line 13, Column A of Summar	etions A + B) y Page Totals) 3 3 4 5 4 9

Section B ADDITIONAL PAGE (27) of (27)

NAME OF COMMITTEE (Provide Complete Name as Registered with I	TYPE OF REPORT						
Carolinesimm on y for mauri	Inday preceding primary						
A. Total Contributions from Small Contribu	\$						
В. 1	Itemized Contributions from Indivi	iduals					
Last Name Keatley	First						
Residential Street Address 97 Cell Kd	City Trumbull	State CT Code CT					
Principal Occupation Deputy fre market	Name of Employer CHY UF	stam Ford					
Is contributor a lobbyist, spouse. Yes If contribution is in	in excess of \$400 to a candidate for a chief execution business he/she is associated with have a contract	ve officer of a municipality, Amount of Contribution					
Is this contribution associated with an event reported in Section L1? Yes Is contributo If yes, in	or a principal of a state contractor or prospective standicate which branch or branches	tte contractor? Yes \$ 250					
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Ded	Date Received	Aggregate Contributions \$ 250					
Last Name	First	М					
nonnop	Richard						
Residential Street Address	ne Greenwich	State Zip Code CT 0 6330					
Principal Occupation Banker	Name of Employer Portico	Capital Advisors.					
Is contributor a lobbyist spouse	in excess of \$400 to a candidate for a chief executive business he/she is associated with have a confact an \$5,000?	ve officer of a municipality, t with said municipality Amount of Contribution					
Is this contribution associated with an event reported in Section L1? Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative Legislative							
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payrol! Ded	Date Received	Aggregate Contributions					
Last Name TYYG\19	Ennotel	MI					
Residential Street Address 43 Harbor Drive	Chrotel City Stamford	State Zip Code C 6962					
Principal Occupation Petred	Name of Employer						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is does contributor or valued at more the	in excess of \$400 to a candidate for a chief execution business he/she is associated with have a contract an \$5,000?	t with said municipality					
event reported in Section L1?	or a principal of a state contractor or prospective standicate which branch or branches rnment the contract is with: Executive Date Received	ate contractor?					
Cash Sersonal Check Credit/Debit Card Payroll Deduction Money Order 8/10/2(500							
SUBTOTAL Section B — This Page							
TOTAL of additional Section B Pages							
TOTAL OF ALL CONTRIBI	UTIONS FROM INDIVIDUALS (Sections net total on Line 13, Column A of Summary Page	A+B) 33345,49					

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT				
Cawlines immons for may of Ton day pro							preceding			
Name of Committee		C1. Co	ontribution	is from Ot	Name of Trease		mmy			
Name of Committee										
Peoples United Bank State PAC				Is this contril	oution associate	Amount of Contribution				
850 main St. 13 th 9 00r				event reporte	d in Section L1 If yes, li	\$100.00				
city Bndgepart		State C T	Zip Code 0 4	l .		Aggregate Contributions	3 (00.00			
Name of Committee					Name of Treasurer Plan m o Bien					
Inira ST	red PAC			Is this contril		ed with an Yes No	Amount of Contribution			
P	mop st ?	3rd Floo	NY .	event reporte	d in Section L1 If yes, li	? ist Event#				
City		State	Zip Code			Aggregate Contributions	\$ 350			
new Bnta	lin	CT	06604	7/1/		\$ 256				
Name of Committee M AH RIH	Name of Committee Name of Treasurer (USYCII Janum)									
Address	10. 11.0			Is this contril	oution associate	ed with an 🔲 Yes 🗹 No	Amount of Contribution			
83 0xx	ord Stree	7		event reporte	d in Section L1 If yes, li					
City State Zip Code			Zip Code	Date Received Aggregate Contribution		Aggregate Contributions	\$1,000			
Hart-For	đ	CT	06105	5 7 7	121	\$1,000				
	C2. Rein	bursement	s or Surplu	ıs Distribu	tions from	other Committees				
Name of Committee					Name of Treas	urer				
Address				City	<u> </u>		State Zip Code			
Date Received	Pate Received Expenditure # (if applicable) Payment Type		_			Amount of Receipt				
		Reimburseme	nt for shared ex	pense	ırplus Distribut	ion				
Description										
Name of Committee					Name of Treas	urer				
Address			City			State Zip Code				
Date Received	Expenditure #	Payment Type					Amount of Receipt			
	(if applicable) Reimbursement for shared expense Surplus Distribution									
Description	J									
SUBTOTAL Section C — This Page \$ 1,350							350			
TOTAL of additional Section C Pages EOLHGO /						b69 1				
SUBTOTAL Section C — This Page TOTAL of additional Section C Pages TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals) \$\frac{\dagger}{2} \frac{350}{350}\$										
	(Sections C1	TC2) (Enter to	nui on Line 14,	Column A 05	Summing Fuge	s rotus)				

Section C1. ADDITIONAL PAGE _____ of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT	TYPE OF REPORT			
(aroline simmons for mayor							7 day preceding in many			
A No.	n Majo ji ji k	C1. C	Contribution	s from Ot						
Name of Committee		0.1 0.0	· C		Name of Treas					
SEIU State Council PAC					Roland Bishop					
SEIU STATE COUNCIL PAC Address 760 CAPHOL AVE. City State Zip Code				Is this contribution associated with an Yes No event reported in Section L1? If yes, list Event #				Amount of Contribution		
Hartford CT		Zip Code Ool O			Aggregate Contributions	\$1,000				
Name of Committee					Name of Treas	urer				
A 3 billion				T at	4	duith on D Vice D No.	Amount	f Contribution		
Address				Is this contribution associated with an ☐ Yes ☐ No event reported in Section L1? If yes, list Event #				Contribution		
City		State	Zip Code	Date Recei	ved	Aggregate Contributions				
Name of Committee					Name of Treas	urer				
Address			Is this contribution associated with an Yes No event reported in Section L1? If yes, list Event #			Amount	Amount of Contribution			
City	ty State Zip Code				Aggregate Contributions					
						41				
Name of Committee	C2. Re	imbursemen	ts or Surph	is Distribu	Name of Treas	other Committees	A.00			
rvaine of Committee										
Address				City			State	Zip Code		
Date Received	Expenditure # (if applicable)	Payment Type		1			Amoun	t of Receipt		
		Reimbursen	nent for shared ex	cpense	urplus Distribu	tion				
Description										
Name of Committee					Name of Treas	surer	11			
Address				City			State	Zip Code		
Date Received	Expenditure # (if applicable)	Payment Type Reimburs	ement for shared	expense \square	Surplus Distri	bution	Amoun	t of Receipt		
Description	•									
SUBTOTAL Section C — This Page \$\(\big \)										

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered w	vith Filing Reposite	ory)			TYPE OF	REPORT	
carolinesmmons or may or					Thy	MUDIC	edinganan
	D. Loans	Receive	ed this Period				
Name of Lender			Source of Loan: ☐ Bank ☐ Can	ididate 🗆	Individua	Other	Date of Receipt
Street Address	City				State	Zip Code	Is there a Cosigner or Guarantor of this loan? ☐ Yes ☐ No
Name of Cosigner/Guarantor (if applicable)							Amount Received
Street Address	City				State	Zip Code	
Name of Lender			Source of Loan: Bank Can	ndidate 🗆	Individua	Other Committee	Date of Receipt
Street Address	City				State	Zip Code	Is there a Cosigner or Guarantor of this loan? ☐ Yes ☐ No
Name of Cosigner/Guarantor (if applicable)							Amount Received
Street Address	City				State	Zip Code	
Name of Lender	TI.		Source of Loan: Bank Can	ndidate 🔲	Individua	Committee	Date of Receipt
Street Address	City				State	Zip Code	Is there a Cosigner or Guarantor of this loan? ☐ Yes ☐ No
Name of Cosigner/Guarantor (if applicable)				***			Amount Received
Street Address	City				State	Zip Code	
			TOTAL SECT	TION D			
E. Receipts from Entities other	than Indiv	iduals (or Other Com	mittees	(Referen	dum Committe	es ONLY)
Name of Entity							
Street Address				Date R	eceived		Amount Received
City		State	Zip Code	Aggre	gate Contrib	outions	
Name of Entity							
Street Address				Date R	eceived		Amount Received
City		State	Zip Code	Aggre	gate Contrib	outions	
Name of Entity						· · · · · · · · · · · · · · · · · · ·	
Street Address				Date R	eceived		Amount Received
City		State	Zip Code	Aggre	gate Contri	butions	
			TOTAL SECT	TION E			

I. MONETARY RECEIPTS (Sections A-K)

Page 6 of 17

NAME OF COMMITT	EE (Provide Complete Name as Regist	ered with Filing Re	epository)			TYPE OF	REPORT
Canlling	mmonscam	ayor				9m	day precedinganmany
	F. Amount Transferred	from Affili	ated Bu	siness Treasury	(Busine	ss Entity C	Committees ONLY)
Date of Receipt	Is this transaction associ		☐ Yes ☐ No	If yes, list Event #			Amount
Date of Receipt	Is this transaction associ		☐ Yes ☐ No	If yes, list Event#			Amount
Date of Receipt	Is this transaction associ		☐ Yes	If yes, list Event #			Amount
Date of Receipt	Is this transaction associ		☐ Yes ☐ No	If yes, list Event #			Amount
1		EW TO		TOTAL SE	CTION	F	
G. Amount 7	Transferred from Affilia	ted Labor	Union o	r Other Organiz	zation I	reasury	(Organization Committees ONLY)
Date of Receipt		Date of Receipt				Date of Rece	ipt
	Amount		A	mount			Amount
enexic ye				TOTAL SEC	TION G		
						•	
	H. Personal Funds of	the Candid	late Rec	eived this Perio	d (Cana	lidate Com	umittees ONLY)
Date of Receipt	Method of payment:						Amount
	☐ Cash	□ P	ersonal Che	eck 🔲 Cred	it/Debit C	ard	
Date of Receipt	Method of payment:						Amount
	☐ Cash	□ P	ersonal Che	eck 🗆 Cred	it/Debit C	ard	
Date of Receipt	Method of payment:						Amount
	☐ Cash	□ P	ersonal Che	eck 🛘 Cred	it/Debit C	ard	
Date of Receipt	Method of payment:						Amount
	☐ Cash	□ P	Personal Ch	eck	it/Debit C	ard	
			1 mil 2	TOTAL S	ECTIO	N H	
		I. An	onymou	s Contributions			
	Per Public Act 11-48	Anonvmo	ous Con	ributions may	no long	ger be de	eposited in any

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)

Page 7 of 17

Revised January 2015	I. MONETAKT RECEIT TO (See		11,					
	TE OF COIVINITIES (Frovide Complete rame as registered with 1 ming repository)				TYPE OF REPORT			
carolingimmo	NITO MOYER		110 C	ray pased	ngpnmany			
	J. Interest from Deposits in Authorized							
Name of Institution		I	ate Recei	ved	Amount			
	To:	184.4	_	Zip Code				
Street Address	City	Stat	e	Zip Code				
Name of Institution			ate Recei	ved	Amount			
Name of institution								
Street Address	City	Stat	e	Zip Code				
	TOTALS	ECTION	J					
K	. Miscellaneous Monetary Receipts not Consider	ered Con	tributi	ions				
Name	. Miscenaneous Moneany Receipe not Constitution			of Transaction	Amount Received			
Street Address	City		State	Zip Code				
Description			,		-			
Description								
Name			Date	of Transaction	Amount Received			
			State	Zip Code				
Street Address	City		Blate	Zip Code				
Description		H						
Name			Date	of Transaction	Amount Received			
Street Address	City		State	Zip Code				
5.000								
Description	•							
Name			Date	of Transaction	Amount Received			
rvaine					Amount Accessed			
Street Address	City		State	Zip Code				
Description								
	TOTAL SECT	TION K						
SUM	MARY OF OTHER MONETARY RECEIPTS	(Sections	Dthi	ough K)				
Total Loans Received this Period	(Section D)							
Total Receipts from Entities other	r 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)	+					
	of the Candidate Received this Period (Section H)		+					
			+					
	peposits in Authorized Accounts (Section J)							
Total Miscellaneous Monetary R	eccipts not Considered Contributions (Section K)		+	4-11				
	Total of Other M (Add Sections D through K) (Enter total on Line 15, Column A							

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repo	STITTI (Sections LI-	-L3)	rage o
	sitory)	TYPE OF REPORT	
THUM THUM O		7nday 0	recedinspom
Event#	Event Information	J .	
Date of Evelli			Was this a fundraising
8/121 E Meet and greet			Yes No
Location: Street Address	City		
1 Broad St PHDS	Ch. C.		State Zip Code
Subpart 1: (All Committees)	Stamford		CT 0699
Was this event hosted at a personal residence?			
	□ No	ISC FALLY ALLG COMPLET	e required in factor of
Did this fundraiser include goods or services donated by a business ention of up to \$200 or items donated by an individual of up to \$100?	ity Pes (<i>If yes</i> , go to Section Leand complete required in No	In-Kind Donations r	not Considered Contribut
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 Rece	ipts here.)	
Sub12 (B) S	√ No		\$
Subpart 2: (Party Committees, Municipal Candidates and Political Co	ommittees other than Exploratory	Committees)	
sign associated with this fundraiser?	Light Yes, go to Section L3	Purchases of Adverti-	sing Space in a Program]
Submond 2. Mr.	or on a Sign and compl	ete required informat	tion.)
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 Recei	pts here.)	
o state with this failuraiser?	□ No		\$
	□ N0	-	
vent # Description			
ate of Event Letter Description			Was this a fundraising e
			☐ Yes ☐ No
cation: Street Address	City		
			State Zip Code
abpart 1: (All Committees)			1 1
as this event hosted at a personal residence?	☐ Yes (If yes, go to Section L5 In Associated with a House purchases made by host(s) ☐ No		
d this fundraiser include goods or services donated by a business entity	Yes (If yes, go to Section L4 In	n-Kind Donations not	Consideration
up to \$200 or items donated by an individual of up to \$100?		ormation.)	Considered Contribution
as this fundraiser a tag sale, auction, or other sale of donated items	□ No	·	
th purchases from an individual of up to \$100?	Yes (If yes, enter Total Receipt	s here.)	
	□ No	\$	
Spart 2: (Party Committees, Municipal Candidates and Political Commerce there purchases of advertising space in a program book or on a n associated with this fundraiser?	mittees other than Exploratory Con Yes (If yes, go to Section L3 Pu	rchases of Advertisin	g Space in a Program Bo
part 3: (Town Committees ONLY)	□ No		
your committee sell food or beverage at a fair or similar mass aring held within the state with this fundraiser?	☐ Yes (If yes, enter Total Receipts	here.)	
CLIDWOM	□ No		
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items — This	Page	
SUBTOTAL Secti	ion L1—Subpart 3 (Town Committees of ipts from Food Purchases — This	ONLY	
	TOTAL of additional Section L1		
TOTAL OF ALL RECEI	PTS FROM SMALL PURCH	ACEC	
(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

Basiness Entity Other Individual/Sole Proprietaceship Gity Sate Zop Code						mims of Peron	.		
L3. Purchases of Advertising in a Program Book or on a Sign Purchase Made By Interiores Entity Other Individual/Sole Programs. Zap Code	TYPINE OF COMMITTEE From the Complete Name of Program o								
Table Purchases of Advertising in a Program Book or on a Sign Purchases Made By Business Intilly Other IndividualSole Proprised Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchases Amount of Sign Purchases Amount of Sign Purchases Amount of Program Ad Purchases Amount of Sign Purchases Amount of Program Ad Purchases Amount of Sign Purchases Amount of Program Ad Purchases Amount of Sign Purchases Amount of Program Ad Purchases Amount of Sign Purchases Amount of Program Ad Purchases Amount of Sign Purchases Amount of Program Ad Purchases Amount of Sign Purchases Amount of Program Ad Purchases Amount of Sign Purchases Amount of Program Ad Purchases Amount of Sign Purchases Amount of Program Amount of Sign Purchases Amount of Sign Purchases Amount of Program Ad Purchases Amount of Sign Purchases Amount of Program Amount of Program Amount of Sign Purchases Amount of Sign Purchases Amount of Program Amount of Program Amount of Sign Purchases Amount of Program Amount of Program Amount of Sign Purchases Amount of Program Amount of Program Amount of Progra	Caplinesim	mon 1 By may	0				pre	cange	nmary
Bestiness Entity Other Individual/Sole Proprietoroship		L3. Purchas	ses of Advertisi	ng in a Progr	am Book or o	on a Sign			
IndividualSole Proprietarship City State Zip Code	Name of Purchaser						Purchase	e Made By:	
City State Zoy Code							☐ Bus	siness Entity	☐ Other
Date Received Evail # Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase City State Zoy Code							☐ Ind	ividual/Sole P	roprietorship
Sum of Purchaser	Street Address			City				State	Zip Code
Sum of Purchaser									
Sum of Purchaser	Date Descined	Event #	A garegate Purchases	for All Events	Amount of Pro	ngram Ad Purcha	se /	Amount of Sig	gn Purchase
Business Entity Other Individual/Sole Proprietorship Business Entity Other Individual/Sole Proprietorship State	Date Received	Event #	Aggregate 1 dronases	, for the bronto	7 mount of 1 iv	ogram mana arema			5
Business Entity Other Individual/Sole Proprietorship Business Entity Other Individual/Sole Proprietorship State									
Individual/Sole Proprietorship	Name of Purchaser							-	
City State Zip Code						1		·	
Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase							☐ Ind		
Name of Purchaser Purchase Made By: Business Entity Other Individual/Sole Proprietorship State Zap Code Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase State Zap Code State Zap Code Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase State Zap Code Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase Business Entity Other Individual/Sole Proprietorship Business Entity Other Individual/Sole Proprietorship State Zap Code Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase Substitute Zap Code State Zap Code State	Street Address			City				State	Zip Code
Name of Purchaser Purchase Made By: Business Entity Other Individual/Sole Proprietorship State Zap Code Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Aggregate Purchases City State Zap Code Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Subtotal Section L3 Total Purchases of Advertising in Program Book — This Page SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page TOTAL of Additional Section L3 Pages TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN									
Purchase Made By: Business Entity Other Individual/Sole Proprietorship State Zap Code State Za	Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	se A	Amount of Sig	gn Purchase
Business Entity Other Individual/Sole Proprietorship State Zip Code Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase State Zip Code Purchaser Purchaser Made By: Business Entity Other Individual/Sole Proprietorship Business Entity Other Individual/Sole Proprietorship State Zip Code Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase Purchaser Made By: Business Entity Other Individual/Sole Proprietorship Business Entity Other Individual/Sole Proprietorship Individual/Sole Proprietorship Business Entity Other Individual/Sole Proprietorship Individual/Sole Individual/Sole Proprietorship Individual/Sole									
Business Entity Other Individual/Sole Proprietorship Street Address City State Zip Code									
Individual/Sole Proprietorship Street Address	Name of Purchaser								_
City State Zip Code							_	-	_
Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase							☐ Ind		
Name of Purchaser Purchase Made By:	Street Address			City				State	Zip Code
Name of Purchaser Purchase Made By: Business Entity Other Individual/Sole Proprietorship Street Address City State Zip Code									
Name of Purchaser Purchase Made By:	Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	se 2	Amount of Si	gn Purchase
Business Entity Other Individual/Sole Proprietorship Street Address City State Zip Code	Date Received	Byone	1-56-5			8			
Business Entity Other Individual/Sole Proprietorship Street Address City State Zip Code									
Individual/Sole Proprietorship	Name of Purchaser							-	
City State Zip Code									_
Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase Purchase Made By: Business Entity Other Individual/Sole Proprietorship Street Address City State Zip Code							☐ Ind	ividual/Sole P	
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Name of Purchaser Purchase Made By: Business Entity Other 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 SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page TOTAL of additional Section L3 Pages TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN									
Name of Purchaser Purchase Made By: Business Entity Other 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 SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page TOTAL of additional Section L3 Pages TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN	Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	se	Amount of Si	gn Purchase
Business Entity Other 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 SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page TOTAL of additional Section L3 Pages TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN	Date Received		1-866						
Business Entity Other 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 SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page TOTAL of additional Section L3 Pages TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN									
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SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page TOTAL of additional Section L3 Pages TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN									
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TOTAL of additional Section L3 Pages TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN									
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN		SUBTUTAL Se	CHOILES LOCALE OF	CHASES OF AUVER	using on a sign .	I III I age			
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN			variation of the second						
(Enter total on Line 16c, Column A of Summary Page Totals)	TOTA	AL OF ALL PURCHASES	OF ADVERTISIN	IG IN A PROGI	RAM BOOK or	ON A SIGN Page Totals)			

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTE	E (Provide Complete Name a	s Registered with Filing Repo	sitory)	TYPE OF RE	EPORT	MULE	
	mons for	MUMOY		Frday	prend	IMPI	many
	L4	. In-Kind Donatio	ns Not Cons	idered Contributions		01	
ame of Donor							
reet Address			City			State	Zip Code
					· · · · · ·		
onation Given By: Business Entity	Description of Donation				Fair	Market V	alue of Donatio
☐ Individual ☐ Sole Proprietorship	Date Received	Event #		Aggregate Value for this Event			
ame of Donor							
reet Address			City			State	Zip Code
onation Given By:	Description of Donation				Fair	 Market V	alue of Donatio
Business Entity							
☐ Individual ☐ Sole Proprietorship	Date Received	Event #		Aggregate Value for this Event			
ame of Donor					· · · · · · · · · · · · · · · · · · ·		
treet Address			City			State	Zip Code
	•						
Donation Given By: Business Entity	Description of Donation				Fair	Market V	alue of Donatio
☐ Individual ☐ Sole Proprietorship	Date Received	Event #		Aggregate Value for this Event			
ame of Donor		-					
treet Address			City			State	Zip Code
Conation Given By:	Description of Donation				Fair	Market V	alue of Donatio
☐ Business Entity ☐ Individual ☐ Sole Proprietorship	Date Received	Event#		Aggregate value for this Event			
		S	UBTOTAL Sec	tion L4 — This Page			
		т	OTAL of addition	onal Section L4 Pages			
то	TAL OF ALL IN-KIN	D DONATIONS NOT	CONSIDERE	D CONTRIBUTIONS Summary Page Totals)			
		AVERS OF MISSE A					

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositi	tory)	75.5	TYPE OF RE	PORT	
Caplinesimmons for mayor			7th da	PRA	edinspon
L5. In-Kind Donations Not Consider	ed Contributions Associa	ted with a l	House Part	y	
Name of Host			supporting the		ne candidate or
Lolity savase			omplete Itemiza		dendum L5
Street Address	City	!		State	Zip Code
1 Broad St. Apt PMDS	Stamford			CT	06201
Description of Donation			Fair Mar	ket Value	of Donation
food for guists			1 1	400	
Event # Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this he	ost/candidate	P	700	,
U	8 4 00				
Name of Host			supporting me ☐ Yes ☐ N		ne candidate or
		If yes, co	omplete Itemiza	-	
Street Address	City			State	Zip Code
			1	ļ	
Description of Donation			Fair Mar	ket Value	of Donation
The state of the s	Aggregate Value of all Events—this ha	ost/candidate	-		
Event # Aggregate Value of this Event—all hosts	Aggregate value of an Events—into in)SV Canadane			
Name of Host		Is this event	supporting m	ore than or	ne candidate or
			☐ Yes ☐ N		1 - 1 - 1 F
	l o'u	If yes, co	omplete Itemiza	State	Zip Code
Street Address	City			State	Zap Code
Description of Donation			Fair Mai	ket Value	of Donation
Event # Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this he	ost/candidate]		
Name of Host	*		supporting m		ne candidate or
		N.	omplete Itemiz		dendum L5
Street Address	City	1 33 /		State	Zip Code
Description of Donation			Fair Mai	ket Value	of Donation
2000 patrici. 01 2 0 materi					
Event # Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate	1		
	SUBTOTAL Section L5	This Page	4/1	00	
	SUBTOTAL Section L5	1 mis 1 age	\$ 4	<u> </u>	
T	OTAL of additional Section	L5 Pages			
TOTAL OF ALL IN-KIND DONATIONS NOT ASSOCIATED WITH A HOUSE PARTY (Enter total on L.	Γ CONSIDERED CONTRI ine 22, Column A of Summary	BUTIONS Page Totals)	\$ 4	100	

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete	Name as Reg	gistered with	Filing Repos	sitory)		wan u jilawii s	TYPE O	F REPORT			
Canolinsimmonit	V mo	WX					71	day pr	adu	rs gaman	
	M. In-Kind Contributions										
Name											
Street Address					Cit	/			State	Zip Code	
Type of contributor:	Date Receiv	ved	Aggregate	Contributions		Description of In-Kind	Contributio	n		<u> </u>	
☐ Individual / Sole Proprietorship ☐Other											
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does con	oution is in oution is in oution is in out	ousiness he	400 to a candi /she is associa	date ted v	for a chief executive of with have a contract with Yes No	fficer of a th said m	municipality, inicipality		Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ☐ No	If yes,	indicate w	ipal of a state of hich branch of contract is with	r bra	actor or prospective stanches Executive		□No			
Name											
Street Address					Cit	У			State	Zip Code	
Type of contributor:	Date Receiv	ved	Aggregate	Contributions	_	Description of In-Kind	Contributio	n			
☐ Individual / Sole Proprietorship ☐ Other									-		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	ibution is in ntributor or at more thar	business h	\$400 to a cand e/she is associ	idat ated	e for a chief executive with have a contract w Yes No	officer of th said m	a municipality, nunicipality		Market Value is Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ☐ No	If yes,	indicate wl	pal of a state c nich branch or contract is wit	bra	actor or prospective stanches Executive		□No			
Name											
Street Address					Cit	У			State	Zip Code	
						In the Charles	O				
Type of contributor: □Committee □Individual / Sole Proprietorship □Other	Date Recei	ved	Aggregate	Contributions		Description of In-Kind	Contributio	11			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	ibution is in ntributor or at more than	business h	\$400 to a cand le/she is associ	lidat ated	e for a chief executive with have a contract w Yes No	officer of vith said m	a municipality, nunicipality		Market Value is Contribution	
Is this contribution associated with an event reported listed in Section L1? If yes, list Event #	☐ Yes ☐ No	If yes,	indicate wl	pal of a state of hich branch of contract is wit	r bra	actor or prospective stanches Executive		☐ No			
				SUBTOTAL	Se	ction M — This Pag	ge				
	43.		TO	TAL of add	litic	onal Section M Pag	es				
TOTAL OF ALL IN-KIND CON	TRIBUT	ΓΙΟΝS (E	Enter total o	n Line 23, Coli	umn	A of Summary Page To	otals)				
	N.	Refun	dable D	eposit to T	[ele	ephone Compan	ıy	H.J. 75 P. 18	igi iki b		
Last Name of Individual				First				MI	Date Depo	sit Made	
Residential Street Address				City			State	Zip Code		Amount of Deposit	
Name of Telephone Company											
Street Address			1	City			State	Zip Code			
TOTAL	CTION	I N /Euton	total on I i	ina 24 Column	n 4	of Summary Page Tota	als)				

SEEC FORM 20

IV EVDENDITUDES (Sections P.T)

y Committees. Section O removed. Page 13 of 17	
Class a Conto	
clini pman	
ethod of Payment:	
Check #	
Debit Card DEFT	
ate Zip Code	
A 119176	
Amount	
\$ 541.60	
ethod of Payment:	
Debit Card DEFT ate Zip Code	
16 60012	
Amount	
Amount	
\$ 210.58	
ethod of Payment:	
Check #	
Debit Card EFT	
ate Zip Code	
7 106901	
1 100101	
Amount	
\$75	
fethod of Payment:	
Check #	
Debit Card DEFT	
tate Zip Code	
MA 02451	
1111 00121	
Amount	
100 m	
\$ 95.70	
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2 5 5	
2.88	
	ė.

Revised January 2015	IV. EAFENDII	UKES (Sections F	1)	
NAME OF COMMITTE	EE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Campline.	Simmons for may or		In day prol	Tolini pman
	P. Expenses	Paid by Committee		
Name of Payee			Date of Payment	Method of Payment:
Optimu	1 m		7/15/21	Check # Debit Card DEFT
Street Address	711	City	1	State Zip Code
1004	1.210	Manda falada à		PA 19176
100 pox =		PN 11 act pv 14	#	Amount
Purpose of Expenditure (by code)	Description	2010,000		Amount
MEB	(NAME) SIVICES N	ella guarten		\$ 541.60
Expenditure # [7]	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is check	ed)	4 5 11. 60
	☑ None of the below			
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contri		AOBOCOD	
Name of Payee		CI OIGHIDHION	Date of Payment	Method of Payment:
Bancar	71/10		7/15/21	☐ Check # ☑ Debit Card ☐ EFT
Street Address	101	City	1 11101.1	State Zip Code
	, Grand Ave Juite B	Chica 80		16 60612
Purpose of Expenditure	Description	Event	#	Amount
(by code)	Online platform for co	ampaisn lan		
	Type of Expenditure (Itemization in Addendum P Required unit		ed)	\$ 210.58
(if applicable)	None of the below	-		4010.50
	Coordinated with reimbursement sought (joint expenditure		na ser an carrait arran	
	Coordinated without reimbursement sought (in-kind contri	oution)	A O B O C O D Date of Payment	Method of Payment:
Name of Payee	er Pank Collaboration	P		Check #
	THE PAIR COILUNOTAIN	C	8/3/21	Debit Card DEFT
Street Address		City C 7		State Zip Code
1010 MG	ashington blvcl	Stamford		C1 0690]
Purpose of Expenditure (by code)	Description 10 and 10 a	Event	#	Amount
CHAR	PICNIC PERMIT			4.7
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is check	ked)	\$ 15
(if applicable)	None of the below			
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind control of the control of th		OA OB OC OD	
Name of Payee		- Organization,	Date of Payment	Method of Payment:
1/11/1/10	nnt		7130/21	Check #
VIJIVOP	[11]	City	11-0101	V Debit Card □ EFT State Zip Code
Street Address	Ha Mire	Watham		MA 02451
Purpose of Expenditure	Description	Postards Eveni	t #	Amount
(by code) A - TM	Panting of Campaign me			
	Type of Expenditure (Itemization in Addendum P Required un		ked)	\$ 95.70
(if applicable)	□ None of the below	-		
1	☐ Coordinated with reimbursement sought (joint expenditur		OA OB OC OD	
		SUBTOTAL Section P — Thi		22.88
	то	TAL of additional Section P	Pages	
	TOTAL OF ALL EXPE	NSES PAID BY COMMI	TTEE 79 0	175.70
	(Enter total on Line	2 19, Column A of Summary Page	Totals)	113110

Section PADDITIONAL PAGE SEEC FORM 20 TYPE OF REPORT NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) daspaudinphman JUMMONIA MOUND P. Expenses Paid by Committee Method of Payment: Date of Payment Name of Payee 9/2/21 FIIST COUNTY Bank (TEFT) 042 Hish Ridge Load Stampra 06905 Event # Amount Mrc Fler 7/1121-9/5/21 \$100.00 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: O A O B O C O D Method of Payment: Name of Payee ☐ Check # 9/2/21 Getthru Debit Card □ EFT Zip Code City 10249 alameda texting semue 661.49 Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Expenditure # (if applicable) Mone of the below Independent Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: o A o B o C o D Method of Payment: Name of Payce ☑ Check # 35\ 913/21 marrone ☐ Debit Card ☐ EFT Zip Code 06830 Greenmich 135 Elm Event# Description Amount Purpose of Expenditure (by code) consultins Homais - field CNSI \$1,500 Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Expenditure # (if applicable) None of the below ☐ Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: o A o B o C o D Method of Payment: Date of Payment Check # 352 Kenneth heal Jr.
Street Address ☐ Debit Card ☐ EFT Zip Code City Unionnilla ()(6085 1622 farminston Ave, I Event # Amount Description Purpose of Expenditure consultins xmus-field NSU \$ 1,500 Expenditure #
(if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below ☐ Independent Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: o A OB OC OD 761.49 SUBTOTAL Section P — This Page **TOTAL** of additional Section P Pages

TOTAL OF ALL EXPENSES PAID BY COMMITTEE

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

79,975.70

SEEC FORM 20 Revised January 2015	Section P ADDITIONAL	L PAGE	of	
NAME OF COMMITT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Canaline	Jimmon Jamayor		I I'm day poce.	edinggaman
	P. Expenses	Paid by Committee		
Name of Payee	raphici Hamford		8/30/21	Method of Payment: Check # Debit Card
Street Address	yte lare	Stamford		State Zip Code C
Purpose of Expenditure	Description	Even	t #	Amount
A-OTH	printing-postcards			. ~ ~ 4
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below	less "None of the below" is check	sed)	105.24
	☐ Coordinated with reimbursement sought (joint expenditure)☐ Coordinated without reimbursement sought (in-kind contri		OA OB OC OD	
Name of Payee DEFANT	Global communication	SNS	8/30 2 (Method of Payment: Check # 308 Debit Card
Street Address	south Tamiamitran	Sarasota		State Zip Code 34 2378
Purpose of Expenditure (by code)	Description texting + data prosi	Even	t#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required uni		red)	\$1,200
(y approximation)	✓ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contri		DA OB OC OD	
Name of Payee			Date of Payment	Method of Payment:
Hearst	newspaper Gnup		08/30/21	☐ Check # ☐ Debit Card ☐ EFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description	Even	t#	Amount
A-NEWS	advertisement news			1926.48
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is chec	ked)	1 120,10
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditu		THE WORLDS TOWN DESIGNATION AND THE	
	Coordinated without reimbursement sought (in-kind cont	ribution)	Date of Payment	Method of Payment:
Name of Payee Geraldi	ne unbe		715121	☐ Check # 18 ☐ Debit Card ☐ EFT
Street Address 54 Myra	re Ave unit 3	Sta mford		State Zip Code
Purpose of Expenditure	Description	Ever	nt#	Amount
(by code)	Held orsanizing condi	1 Hanz		£1500
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required un	nless "None of the below" is chec	ked)	\$1200
	None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contract)		OA OB OC OD	
		SUBTOTAL Section P — Th	is Page & U	731.72
	то	TAL of additional Section P	Pages	
	TOTAL OF ALL EXPE	ENSES PAID BY COMMI	ITTEE 179 9	75.40

Name of Payee

CNSLT

Name of Payce

Creialdine

Purpose of Expenditure

CNSUT

Expenditure # (if applicable)

Name of Payee

Dean

Purpose of Expenditure

(by code)

NSI

Expenditure # (if applicable)

(by code)

Name of Payee Dean

Quaker lidge ed

Purpose of Expenditure (by code) CNSLT

Campaign consyllary Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)

\$1500

Expenditure #
(if applicable) ☐ None of the below

☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contribution)

Independent ☐ Organization: O A O B O C O D

SUBTOTAL Section P — This Page

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)

79,975,70

SEEC FORM 20 Revised January 2015 Section PADDITIONAL PAGE

4

of _\

NAME OF COMMIT	EE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
camlinan	mm on for mayor		I'm dray fre	eding primery		
	P. Expenses Paid	by Committee	4.1	,		
Name of Payee			Pate of Payment	Method of Payment: Check # 303 Debit Card		
Street Address	aker Ridge Rd S	stamford		CT 06903		
Purpose of Expenditure (by code)	Description	Event #		Amount		
Expenditure #	Campaign consultant	None of the helow" is checken	n	\$1500		
(if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "I None of the below	ivone of the below is checked	,	•		
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contribution)	☐ Independent ☐ Organization: •	л ов ос о р			
Name of Payee			Date of Payment	Method of Payment: ☐ Check # 62		
maggue	meister		7/5/21	☐ Debit Card ☐ EFT		
Street Address	ita Birch Lane S	itum ford		State Zip Code		
Purpose of Expenditure	Description	Event #		Amount		
(by code)	campaign consultany	1				
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless "I	None of the below" is checked)	500		
(if applicable)	□ None of the below					
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contribution)	☐ Independent ☐ Organization: • A	ловос о р			
Name of Payee			Date of Payment	Mothod of Payment: Check # 20%		
magaig	meister loin		7/30/21	Debit Card EFT		
Succi Address	1 5.5			State Zip Code		
	ti Birch Lane	tamford		CT 0690S		
Purpose of Expenditure (by code)	Description	Event #		Amount		
CNSUT	Cambaill Counting - 200	i (glmidta)				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless	"None of the below" is checke	d)	1500		
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure)	☐ Independent				
	Coordinated without reimbursement sought (in-kind contribution		A O B O C O D Date of Payment	Method of Payment:		
Name of Payee Makau	newter		8/21/21	Check # 302 Debit Card DEFT		
Street Address	nita BIKh Lane City	ς Σλη Λ I		State Zip Code		
15 W	nite BIRCh Lane	Stamford		CT 06905		
Purpose of Expenditure (by code)	Description Canyulant on Ind	Social Event #	1	Amount		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless "		d)	1500		
(if applicable)	None of the below			(5.50		
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contribution	☐ Independent ☐ Organization: •	A OB OC OD			
	SUBT	TOTAL Section P — This	Page (D W 80		
	TOTAL	of additional Section P P	ages			
	TOTAL OF ALL EXPENSE	ES PAID BY COMMIT	TEE 799	75.70		
	(Enter total on Line 19, C	Column A of Summary Page T	otals)	13.7		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			
capline simmions for mayor		And an prueding primary		
P. Expenses	Paid by Committee			
Name of Payee		Date of Payment	Method of Payment: Check # 202	
Armur Augustan	Lav	7/21/21	Debit Card DEFT State Zip Code	
2389 main St. Surtalus	619 Honbun)	CT 06033	
Purpose of Expenditure Description (by code)	Eve	nt#	Amount	
CNSU Campaisn management			\$ 3500	
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required u.	nless "None of the below" is chec	ked)		
✓ None of the below Coordinated with reimbursement sought (joint expenditu		B - C - B		
Coordinated without reimbursement sought (in-kind cont	Organization:	OA OB OC OD Date of Payment	Method of Payment	
Armur Augustyn		8/21/21	Check # 305 Debit Card DEFT	
Street Address	City		State Zip Code	
2389 main st suite lus	Glattonbur	J	CT 06033	
Purpose of Expenditure (by code) Canyalan management Camyalan management	Eve	nt#	Amount	
		ked)	3500	
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 expendituse)☐ Coordinated without reimbursement sought (in-kind control of the		OA OB OC OD		
Name of Payee	- Organization	Date of Payment	Method of Payment:	
Susana Vidan		7/27/21	Check # 20 }	
Street Address	City	•	State Zip Code	
12 peil Place	Stamford		CT 0696S	
Purpose of Expenditure (by code) Description	Eve	nt#	Amount	
CNSVI General eampaish const		ckad)	\$350e	
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required to Some Source of the below	iniess Ivone of the velow is the	ckeuj	PS 7 00	
Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind cor		OA OB OC OD		
Name of Payee		Date of Payment	Method of Payment:	
Bryson Gillete		18/28/21	☐ Debit Card ☐ EFT	
Street Address	Santa Barba	11/1	State Zip Code	
10 E yanonalist.		at#	Amount	
Purpose of Expenditure (by code) Palmca(ds + mail			Amount	
Expenditure # Type of Expenditure (Itemization in Addendum P Required w	inless "None of the below" is che	cked)	13071.26	
None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind continued)	The second secon	OA OB OC OD		
NCI NCI	SUBTOTAL Section P — The		71.26	
To	OTAL of additional Section 1	Pages		
TOTAL OF ALL EXP	ENSES PAID BY COMM	ITTEE 79,9	75.70	

Section P ADDITIONAL PAGE _____ of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		
Carolin Simmons for mayor		Im day prec	chins knmam	
P. Expenses Paid by Committee				
Name of Payee Bryson Gillette		7 27 2	Method of Payment: Check # Debit Card EFT	
Street Address 10 E. Yanolani Stret	Santa Bama	rq	State Zip Code CP 93101	
Purpose of Expenditure Description (by code) Purpose of Expenditure Description	E	event #	Amount \$5,000	
Expenditure # ((f applicable) Type of Expenditure (Itemization in Addendum P Required to None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind continued)	ure)	nt on: OAOBOCOD		
BNUSON Gillette	La	BIILIZI	Method of Payment: Check # Debit Card MEFT	
Street Address TO E. Yanolani Street	Santa Ban	na ra	State Zip Code 9310(
Purpose of Expenditure (by code) A - DM Mail Pitits.		vent#	*21,238.74	
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required with None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind con	urc) Independer		121,200-77	
Name of Payce		Date of Payment	Method of Payment:	
Byson Gillette		8123/21	☐ Debit Card	
10 E. Yanolani Street	Santa Ban		State Zip Code G310	
Purpose of Expenditure Description digital advertising		vent #	Amount	
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	iture) 🔲 Independe		\$25,000	
EMSON GILLE	Lav	Date of Payment	Method of Payment: Check # Debit Card EFT State Zip Code	
10 E. Yanolani St.	Santa Barb		CP 93101	
Purpose of Expenditure (by code) A - DM Ne Mind We will be a constant of the constant of th	F	Event #	Amount	
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required : None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind continued)	ture)		\$10,000	
SUBTOTAL Section P — This Page \$61,238.74				
т	OTAL of additional Section	n P Pages		
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)				

SEEC	FORM	20	
	2016		

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SEEC FORM 20 Revised January 2015	Section PADDITIONA	LPAGE	01	
NAME OF COMMITT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caroline III	mmons for mayor		I to day prac	cedinipaman
	P. Expenses	Paid by Committee		
Name of Payee			Date of Payment	Method of Payment:
BMSon	Gillelle		9/1/21	☐ Check # ☐ Debit Card ☐ EFT
Street Address		City	1 1	State Zip Code
10 8.40	inolani St.	Santa Barn	di G	CH 93101
Purpose of Expenditure	Description	Eve	ent#	Amount
(by code)	mailers			
	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is che	cked)	24,833.20
(if applicable)	None of the below		,	/-
	☐ Coordinated with reimbursement sought (joint expenditure			
N CD	Coordinated without reimbursement sought (in-kind contr	ibution)	Date of Payment	Method of Payment:
Name of Payee	an an audibat III		7/1/21	1 Check # 178
	igan consulting LLC		711/21	☐ Debit Card ☐ EFT
Street Address	24.	City		State Zip Code
141 VIne	2 Road	Stumford		C7 0690S
Purpose of Expenditure	Description	Eve	ent#	Amount
(by code)	consultant			
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is chec	rked)	\$ 8,361.19
(if applicable)	None of the below			
	☐ Coordinated with reimbursement sought (joint expenditure)☐ Coordinated without reimbursement sought (in-kind contri			
Name of Payce	Coordinated without remibusement sought (m-kind cond)	Urganization:	Date of Payment	Method of Payment:
IMAY (I C)	selden catering		7/20/21	Check # 201
	strain concerning	City	11201	Debit Card DEFT State Zip Code
Street Address	and a Dule	Stam Ford		\^_
02 148	earth Dnie			C1 069 05'
Purpose of Expenditure (by code)	Description		1 (July 18	Amount
CNDE	remainins payment from pa	mos emi	L'Alins)	44.43
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u		ecked)	47,12
(і) аррисавіе)	None of the below			
	☐ Coordinated with reimbursement sought (joint expenditu ☐ Coordinated without reimbursement sought (in-kind cont		n:oA oB oC oD	
Name of Payee		— Organization	Date of Payment	Method of Payment:
	ough (ampaisn)		7/30/21	Check#
Street Address	ad it com have	City	1	Debit Card EFT State Zip Code
-	model Circle	new york		NY 10019
O COIM	mbus Circle			
Purpose of Expenditure (by code)	Description	Ev	ent #	Amount
POUS	Poll			41030-
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is che	cked)	\$19,300
	None of the below ☐ Coordinated with reimbursement sought (joint expenditure)	re)		
	☐ Coordinated without reimbursement sought (in-kind cont		OA OB OC OD	
		SUBTOTAL Section P — T	his Page 52,5	38,82
	TO	TAL of additional Section	P Pages	
	TOTAL OF ALL EXPE	CNSES PAID BY COMM e 19, Column A of Summary Pa	ITTEE 179 9	175,70
	(Enter total on Lin	c 17, Commin ra of Summary 1 a	Se como	

SEEC FORM 20 Revised January 2015	Section P ADDITIONA	L PAGE	of\\		
	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
-	mm and & mayor		In daypress	dincer	mary
CONTRACTOR	P. Expenses	Paid by Committee		71	'
Name of Payee	rspinwall		Date of Payment	Method of F Check Debit	#200 Card DEFT
Street Address	ESSEXRd	West brook		State	Zip Code 06498
Purpose of Expenditure (by code)	Description Video production	Ever	ut #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	e)	оа ов ос ор	309	
Name of Payee Laura	mryer		Date of Payment 8/21/21	☐ Debit 0	#205 Card EFT
Street Address 300 Hall	S Avenue	Stamford		State	2ip Code
Purpose of Expenditure (by code)	Description (Umpaisn manastrum)				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	c) Independent	OAOBOCOD	→	1000
Name of Payer	ur Ausutyn		Date of Payment 8/21/21	☐ Debit (#366 Card DEFT
Street Address	nain st. suite 100	6(a) ton bion	7)	State	2ip Code 06 033
Purpose of Expenditure (by code)	Percription Perm hurse must	Ever	ut#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below		cked)	<i>\$ </i>	15.91
	☐ Coordinated with reimbursement sought (joint expenditu ☐ Coordinated without reimbursement sought (in-kind cont		OA OB OC OD		
Name of Payce Alphas	souphics		Date of Payment	Method of I Check Debit	#_304
Street Address	e lane	Stanford		State	Zip Code 06902
Purpose of Expenditure (by code)	Description Law Signs	Ever		- \$ U -	Amount 775.04
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure)	re)			, , , , , ,
	☐ Coordinated without reimbursement sought (in-kind cont	SUBTOTAL Section P — Th	is Page 0	140.9	ζ
	то	OTAL 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

SEEC FORM 20 Revised January 2015	Section P ADDITIONA	L PAGE	of_\\	
NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Camplinelin	nmon Cormayor		Indaypacea	ling many
	P. Expenses	Paid by Committee	***	
Name of Payee	Full Brewery		Date of Payment	Method of Payment: Check # Debit Card
Street Address 9	allfic street	Stamford		State Zip Code CT 06902
Purpose of Expenditure (by code)	event space for non-fi		ent#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	e)	cked)	\$265,63
Name of Payee	_		Date of Payment	Method of Payment:
Zoen	<u> </u>	City	711-015/21	Check #_ Debit Card
Street Address 55 P/m	raden BIVD Compl	sanJose		CA 95113
Purpose of Expenditure (by code)	Description Web Semes for vide	711-915 Eve	nt #	Amount
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un.		ked)	\$63.78
(if applicable)	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure	i) Independent		005.40
	Coordinated without reimbursement sought (in-kind contri	bution)	OA OB OC OD Date of Payment	Method of Payment:
Name of Payce CON Ha	nt contact		7/1-9/5/21	☐ Check # ☑ Debit Card ☐ EFT
Street Address	rapelo Rd, [vite 329	Waltham		State Zip Code MA 02451
Purpose of Expenditure (by code)	lmail platterm for com		ent#	Amount
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un		cked)	\$95.72
(if applicable)	✓ None of the below ☐ Coordinated with reimbursement sought (joint expenditus) ☐ Coordinated without reimbursement sought (in-kind continuous)	re)		
Name of Payec	Coolemated Williams Terminal Services	Organization	Date of Payment	Method of Payment:
Anedot	£		7/1-9/5/2	☐ Check # ☐ Debit Card ☐ EFT
Street Address 1340 P	oydras St	new onla	n s	State Zip Code + OII 2
Purpose of Expenditure (by code)	denator poussing H		ent #	\$1,267.26
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un		cked)	MINA
(i) uppricable)	None of the below Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	e)		
	_ =	SUBTOTAL Section P — Th		92.33
	ТО	TAL of additional Section I	Pages	

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

79,975.70

Section P ADDITIONAL PAGE Of

Name of Payer	thod of Payment:
P. Expenses Paid by Committee Name of Payee Date of Payment Methods Methods Date of Payment Methods Methods Date of Payment Methods Methods Date of Payment Methods Date of Payment Methods Methods Date of Payment Methods Date of Paymen	thod of Payment:
P. Expenses Paid by Committee Name of Payee Date of Payment Methods Methods Date of Payment Methods Methods Date of Payment Methods Methods Date of Payment Methods Date of Payment Methods Methods Date of Payment Methods Date of Paymen	thod of Payment:
Name of Payee Date of Payment Meth	
I value of rayee	
	Check # 30 7
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Debit Card
Street Address City State	
, O ,	T NIGHT
300 Haig Avenue Stamford C	T 0690S
Purpose of Expenditure Description Event #	Amount
(by code)	
Kimis reimbursement for postage purchase	
Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	550
(if applicable) DNone of the below	
☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent	
☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: ○ A ○ B ○ C ○ D	
I NAME OF A AVEC	thod of Payment:
1 (110,140 d) (4-7)40 (1/1) (7/1) (7/1) (7/1)	Check #
	Debit Card
Street Address City State	ا ۔۔ ا
19 High Ridge Rd Stamford C	T 06905
Trinat #	A 111 0 11 11
Purpose of Expenditure Description	Amount
	1205 600
Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	\$385.00
(if applicable)	
None of the below Coordinated with reimbursement sought (joint expenditure) Independent	
☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: O A O B O C O D	
	thod of Payment:
$ z_1, t_2 \rangle$	Gheck #
Staples 8/6/21	Debit Card DEFT
Street Address City State	
2299 Summer street Stamford C	T 10690S
Sol Total	
Purpose of Expenditure Description Event #	Amount
1 Oct privelages	
Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	\$ 63,78
(if applicable)	031.
☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent	
Coordinated without reimbursement sought (in-kind contribution) Organization: O A O B O C O D	
	ethod of Payment:
I value of Fayee	Check #
Topy of Starm ord	Debit Card
Street Address City State	ate Zip Code
Stamped C	7 06982
10 992 41.2	
Purpose of Expenditure Description Event #	Amount
(by code) Printing services	
	78.96
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	10.10
☑ None of the below	
☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: O A O B O C O D	
	2
SUBTOTAL Section P — This Page 077.	1 4
TOTAL of additional Section P Pages	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	5.70

SEEC FORM 20 Revised January 2015	Section P ADDITIONA	L PAGE //	of	
	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
	mmon for mayor		3h tou pre	adinjeman
CONTENT	P. Expenses	Paid by Committee		
Name of Payee	n meyer		Date of Payment	Method of Payment: ☐ Check # 25 2 ☐ Debit Card ☐ EFT
Street Address	ais Avenue	Stam Force	-	State Zip Code CT 06 905
Purpose of Expenditure (by code)	Description Campaign Con July ny	r	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	e) Independ		\$4,000
Name of Payee	Augustyn		Date of Payment	Method of Payment: ☐ Check # 354 ☐ Debit Card ☐ EFT
Street Address	ain St, 5417 100	Gla Honbur	γ	State Zip Code O 6 033
Purpose of Expenditure (by code)	Description Campaby (ansultans Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is a	Event #	Amount \$3,500
(if applicable)	None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	c) Independ	lent	
Name of Payce			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 u. None of the below Coordinated with reimbursement sought (joint expenditute Coordinated without reimbursement sought (in-kind control of the c	rc) 🔲 Indepen		
Name of Payce			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 un None of the below Coordinated with reimbursement sought (joint expenditum Coordinated without reimbursement sought (in-kind control	re) Indepen	dent	
		SUBTOTAL Section P -	- This Page	NO

TOTAL of additional Section P Pages

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

IV. EXPENDITURES (Sections P—T)

Page 14 of 17

NAME OF COMMIT	EE (Provide Complete Name as Registered with Filing Repo	sitory)	TYPE OF REPORT			
	nmen for mayor	Towns W		In day prizedinsprinary		
1 CANVING 311	O. Campaign	Expenses Paid by Ca	ndidate			
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is rein	nbursement claimed?	
,	,			☐ Yes ☐ No		
0. () 11		City		State	Zip Code	
Street Address		City		State	Zip codo	
Purpose of Expenditure	Description		Event #		Amount	
(by code)						
Name of Payee (Name of L	 Yendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?		
Traine of Tayeo (Traine of T	, , , , , , , , , , , , , , , , , , ,				Yes 🗆 No	
		T a:			Zip Code	
Street Address City				State	Zip Code	
Purpose of Expenditure	Description	Event #			Amount	
(by code)						
N CD (Manus of t	endor, Person or Entity who candidate paid directly		Date of Payment	Is rein	mbursement claimed?	
Name of Payee (Name of V	emior, Person or Emity who Cumulate paid arectly)					
Street Address		City		State	Zip Code	
Purpose of Expenditure	Description		Event #		Amount	
(by code)						
			Date of Payment	In rais	nbursement claimed?	
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Fayment			
					Yes No	
Street Address		City		State	Zip Code	
Purpose of Expenditure	Description		Event #		Amount	
(by code)						
			Dete of Descript	To acid		
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment		nbursement claimed?	
					Yes No	
Street Address		City		State	Zip Code	
Purpose of Expenditure	Description		Event #		Amount	
(by code)				- H		
			In . cn		1 12 10	
Name of Payee (Name of)	endor, Person or Entity who candidate paid directly)		Date of Payment		mbursement claimed?	
					Yes No	
Street Address		City		State	Zip Code	
Purpose of Expenditure	Description		Event #		Amount	
(by code)						
		SUBTOTAL Section	Q — This Page			
		TOTAL of additional S	Section Q Pages			
ing a parameter of the second	TOTAL OF ALL	EXPENSES PAID BY	CANDIDATE			
at Veral trainer	(Enter total o	on Line 26, Column A of Sun	mary Page Totals)			

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITT	TEE (Provide Complete Name as Registered with Filing Repository))	TYPE OF REPORT		
carolinetr	nmem to may of		7th day	reedu	ny promany
	R. Expenses Incurre		dit Card		
Name of Issuing Insti	tution	Type of Credit Card: ☐ Visa ☐ Master C	Card □ Discover □ Amer	ican Express	Other:
Name of Vendor, Person	or Entity			Date of T	ransaction
Name of Vendor, Ferson	of Entity.				
Street Address		City		State	Zip Code
*	1		Event #		
Purpose of Expenditure (by code)	Description		Even #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expend	liture)		D	
Name of Vendor, Person	or Entity			Date of T	ransaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind of the kind of t	diture)		D	
Name of Vendor, Person	or Entity			Date of T	Transaction
Street Address		City	6	State	Zip Code
Purpose of Expenditure (by code)	Description		Event#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Require None of the below Coordinated with reimbursement sought (joint expen	diture) 🗖 Indep		D	
	S	SUBTOTAL Section R	This Page		
	то	TAL of additional Section	n R Pages		
Т	OTAL OF ALL EXPENSES INCURRED ON (Enter total on Lit	COMMITTEE CREE ne 27, Column A of Summary	OIT CARD Page Totals)		
		^			

NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing Repository)		TYPE OF	REPORT	
Total name of the	mion Vormayor		7n da	y baced	insprimary
CATOLINA, IIII	S. Expenses Incurred by Comn	nittee but Not Paid l	During this P	eriod	
Name of Creditor	on Gilleto				Pate Incurred
Street Address	Garolani street	Santa B	abara		State Zip Code CA 93101
Purpose of Expenditure (by code)	Description September paymen	t	Event #		Amount Incurred (Estimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required at None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind continue)	☐ Indepe		ос о р	5000
Name of Creditor	ol news				9/3/21
Street Address 40 V	nidland Ave	City 8 tampor			State
Purpose of Expenditure (by code)	Description		Event #		Amount Incurred (Estimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required at None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind continuous)	☐ Indepe		oc o D	700
Name of Creditor					Date Incurred
Street Address		City			State Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount Incurred (Estimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	☐ Indeperture) ☐ Organi		ос о р	
		SUBTOTAL Section	S-This Page	5	700
		TOTAL of additional Sec	etion S Pages	ć	700
TOTAL OF ALL E	XPENSES INCURRED BY COMMITTEE DURI (Enter total on L	ING THIS PERIOD BUT ine 28, Column A of Summ	Γ NOT PAID ary Page Totals)	57	00
	Previously reported Exp	penses Unpaid and still O	outstanding		
	TOTAL OF ALL EXPENSES INCURREI (Enter total on Li	D BY COMMITTEE BU ne 28a, Column A of Summo	T NOT PAID ury Page Totals)	5	700

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing Repositor	y)		E OF RE		
A .	mbm for many		77	In day preceding primary		
	T. Itemization of Reimb	oursements and Second	dary Pay	ees		- 1 1
Last Name of Worker/Cons	,	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 reported in	Reimburse Section P:	Committee Worker/Consultant as
unile a sta	erson or Entity Paid by Committee Worker/Consultant	City			k# <u>307</u>	Debit Card EFT State Zip Code
	amer strelt	Stamford				CT 06901
Purpose of Expenditure (by code)	Stamps purchase		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requir None of the below Coordinated with reimbursement sought (joint expe Coordinated without reimbursement sought (in-kind	nditure) 🔲 Indeper		ов с	ос о р	\$550
Last Name of Worker/Cons		First			MI	Date of Payment to Vendor, Person or Entity 7/7/2 (
Name of Vendor, Person or Target	Entity Paid by Committee Worker/Consultant			reported in	o Reimburse o Section P: ok #306	
Street Address of Vendor, F 21 BNA	Person or Entity Paid by Committee Worker/Consultant	stamfore	d			State Zip Code CT 06701
Purpose of Expenditure (by code)	Description Qarbase bass		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requir None of the below Coordinated with reimbursement sought (joint expe	enditure)		ов с	ос о р	\$ 49.98
Last Name of Worker/Cons	sultant	First FATH U			MI	Date of Payment to Vendor, Person or Entity 7/19/21
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant			reported i	to Reimburse n Section P: ck #_306	
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	Stamford	/			State Zip Code O690/
Purpose of Expenditure (by code) OFFICE	Office Supplies		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requin None of the below Coordinated with reimbursement sought (joint expe	enditure)		ово	ос о р	s/ /2.75
		SUBTOTAL Section T -	— This Pag	ge	61	10.73
		TOTAL of additional Sect	tion T Page	es		
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE	WORKERS AND CONS	ULTAN	rs	6	65,91

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT				
carolinerima embr mayor				7	and and building building				
T. Itemization of Reimbursements and Secondary Payees									
Last Name of Worker/Consu		Firs	st			MI	Date of Pa Person or	ayment to Vendor, Entity	
Husustyn		1	AAn ur				8/1	14/21	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant					Payment to reported in		Committee W	/orker/Consultant as	
Tarses					Check # 306 Debit Card EFT				
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City				State	Zip Code	
al broad St.			Stamford				CT	06901	
Purpose of Expenditure (by code)	Description Event #							Amount	
OFFICE	office supplies						d	53.18	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)						3	73.10	
None of the below (does not involve another candidate or committee) ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent									
	Coordinated with reimbursement sought (in-kind				ово	$C \circ D$			
Last Name of Worker/Consultant			st			МІ	Date of Parson or	ayment to Vendor, Entity	
							l Gradui di	231119	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant							Committee V	/orker/Consultant as	
				reported in Section P: Check # Debit Card			oit Card 🔲 EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City				State	Zip Code	
Purpose of Expenditure	Description	!	Ev	vent#				Amount	
(by code)									
Expenditure #									
(if applicable)	☐ None of the below (does not involve another candidate	orc	ommittee)	i					
☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: ○ A ○ B ○ C ○ D									
Last Name of Worker/Cons	sultant	Fir				МІ		ayment to Vendor,	
							Person or	Entity	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant							Committee V	Vorker/Consultant as	
					reported in	Section P:	□ Del	bit Card 🔲 EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City				State	Zip Code	
Purpose of Expenditure	Description		Ex	vent#				Amount	
(by code)									
Expenditure #	The STree line (Hamisation in Addandous T Danie	od ·	inless "None of the helow" is a	checked					
(if applicable)	30	of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee)							
☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent									
Coordinated without reimbursement sought (in-kind contribution)									
SUBTOTAL Section T — This Page						53.18			
TOTAL of additional Section T Pages						21			
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS						s 665.91			
		-				U U	,), [