



**COVER PAGE**

|  |  |   |                         |   |                              |                                    |  |
|--|--|---|-------------------------|---|------------------------------|------------------------------------|--|
| 1. NAME OF COMMITTEE   |  |   |                         | 2. TYPE OF COMMITTEE  |                              |                                    |  |
| Caroline Simmons For State Representative  |  |   |                         | <input checked="" type="checkbox"/> Candidate Committee<br><input type="checkbox"/> Exploratory Committee |                              |                                    |  |
| 3. TREASURER NAME  |  |   |                         |   |                              |                                    |  |
| First<br><b>Susana</b>   |  | MI  | Last<br><b>Vidan</b>    |   |                              | Suffix                             |  |
| 4. TREASURER ADDRESS   |  |   |                         |   |                              |                                    |  |
| Street Address<br><b>12 Pell Pl</b>  |  |   | City<br><b>Stamford</b> |   | State<br><b>CT</b>           | Zip Code<br><b>06905</b>           |  |
| 5. ELECTION DATE   |  | 6. OFFICE SOUGHT (Complete only if Candidate Committee) |                         |   |                              | 7. DISTRICT NUMBER (if applicable) |  |
| <b>11/04/2014</b>  |  | <b>State Representative</b>                             |                         |   |                              | <b>R144</b>                        |  |
| 8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)  |  |   |                         |   |                              |                                    |  |
| First<br><b>Caroline</b>   |  | MI<br><b>B.</b>   | Last<br><b>Simmons</b>  |   |                              | Suffix                             |  |
| 9. TYPE OF REPORT  |  |   |                         |   |                              |                                    |  |
| <b>April 10 Filing - Original</b>  |  |   |                         |   |                              |                                    |  |
| 10. PERIOD COVERED   |  |   |                         |   |                              |                                    |  |
|  |  | Beginning Date  |                         | Ending Date   |                              |                                    |  |
|  |  | <b>02/21/2014</b>                                       |                         | thru  |                              | <b>03/31/2014</b>                  |  |
| 11. CERTIFICATION  |  |   |                         |   |                              |                                    |  |
| <input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete. |  |   |                         |   |                              |                                    |  |
| <b>Electronic Filing</b>   |  | <b>Susana Vidan</b>                                     |                         |   | <b>04/10/2014 10:40:20PM</b> |                                    |  |
| SIGNATURE  |  | PRINT NAME OF THE SIGNER                                |                         |   | DATE CERTIFIED               |                                    |  |
| <b>PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.</b>   |  |   |                         |   |                              |                                    |  |

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2012

**SUMMARY PAGE TOTALS**

| NAME OF COMMITTEE  | TYPE OF REPORT             |                       |
|--|----------------------------|-----------------------|
| <b>Caroline Simmons For State Representative</b>   | April 10 Filing - Original |                       |
|  | COLUMN A<br>This Period    | COLUMN B<br>Aggregate |
| 12. Balance on hand from day Committee was formed  |                            | <b>\$0.00</b>         |
| 13. Balance on hand at the beginning of Reporting Period                                     | <b>\$0.00</b>              |                       |
| 14. Contributions received from Individuals (Section A and B)                                | <b>\$6,165.00</b>          | <b>\$6,165.00</b>     |
| 15. Receipts from Other Committees (Sections C1 and C2)                                      | <b>\$0.00</b>              | <b>\$0.00</b>         |
| 16. Other Monetary Receipts (Section D through I)  | <b>\$0.00</b>              | <b>\$0.00</b>         |
| 17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)                      | <b>\$0.00</b>              | <b>\$0.00</b>         |
| 18. Total Monetary Receipts (add totals for lines 14 through 17)                             | <b>\$6,165.00</b>          | <b>\$6,165.00</b>     |
| 19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)      | <b>\$6,165.00</b>          | <b>\$6,165.00</b>     |
| 20. Expenses Paid by Committee (Section N)   | <b>\$7.30</b>              | <b>\$7.30</b>         |
| 21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col) | <b>\$6,157.70</b>          | <b>\$6,157.70</b>     |
| 22. In-Kind Donations not Considered Contributions Received (Section J3)                     | <b>\$0.00</b>              | <b>\$0.00</b>         |
| 23. In-Kind Contributions Received (Section K)   | <b>\$0.00</b>              | <b>\$0.00</b>         |
| 24. Refundable Deposit to Telephone Company (Section L)                                      | <b>\$0.00</b>              | <b>\$0.00</b>         |
| 25. Receipts of Organization Expenditures (Section M) OPTIONAL                               | <b>\$0.00</b>              | <b>\$0.00</b>         |
| 26. Beginning Loan Balance   | <b>\$0.00</b>              |                       |
| 26a. + Loans Received (Section D)  | <b>\$0.00</b>              | <b>\$0.00</b>         |
| 26b. + Interest and Penalties on Loan(s)   | <b>\$0.00</b>              | <b>\$0.00</b>         |
| 26c. - Payments on Loan(s)   | <b>\$0.00</b>              | <b>\$0.00</b>         |
| 26d. Total Outstanding Loan Amount   | <b>\$0.00</b>              |                       |
| 27. Campaign Expenses Paid By Candidate (Section O)  | <b>\$0.00</b>              | <b>\$0.00</b>         |
| 28. Expenses Incurred on Committee Credit Card (Section P)                                   | <b>\$0.00</b>              | <b>\$0.00</b>         |
| 29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)               | <b>\$152.34</b>            |                       |
| 29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)               | <b>\$152.34</b>            |                       |

**I. MONETARY RECEIPTS (Section A-I)**

|   |  |                                      |  |
|---|--|--------------------------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)         |  | TYPE OF REPORT                       |  |
| Caroline Simmons For State Representative                                       |  | April 10 Filing - Original           |  |
| <b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> |  | For Nonparticipating Candidates ONLY |  |
|   |  | <b>\$0.00</b>                        |  |
| <b>B. Itemized Contributions from Individuals</b>                               |  |                                      |  |

|  |  |  |   |                             |                           |
|--|--|--|---|-----------------------------|---------------------------|
| Last Name<br>Scotto  |  | First<br>Luigi   |   | MI                          | Contribution ID #<br>0001 |
| Residential Street Address<br>12 Pell Pl   |  | City<br>Stamford   |   | State<br>CT                 | Zip Code<br>06905         |
| Principal Occupation<br>Research Scientist   |  |  | Name of Employer<br>Columbia University   |                             |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution    |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/07/2014 |                           |
| \$50.00  |  |  |   |                             |                           |

|  |  |  |   |                             |                           |
|--|--|--|---|-----------------------------|---------------------------|
| Last Name<br>Vidan   |  | First<br>Susana  |   | MI                          | Contribution ID #<br>0002 |
| Residential Street Address<br>12 Pell Pl   |  | City<br>Stamford   |   | State<br>CT                 | Zip Code<br>06905         |
| Principal Occupation<br>stockbroker  |  |  | Name of Employer<br>Scottrade   |                             |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution    |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/08/2014 |                           |
| \$100.00   |  |  |   |                             |                           |

|  |  |  |   |                             |                           |
|--|--|--|---|-----------------------------|---------------------------|
| Last Name<br>Scotto  |  | First<br>Francesca   |   | MI                          | Contribution ID #<br>0003 |
| Residential Street Address<br>12 Pell Pl   |  | City<br>Stamford   |   | State<br>CT                 | Zip Code<br>06905         |
| Principal Occupation<br>student  |  |  | Name of Employer  |                             |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution    |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/08/2014 |                           |
| \$30.00  |  |  |   |                             |                           |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |                          |   |                                   |
|---|--------------------------|---|-----------------------------------|
| Last Name<br>Nepola   | First<br>S. Richard      | MI  | Contribution ID #<br>0004         |
| Residential Street Address<br>140 Grove St # 20   | City<br>Stamford         | State<br>CT   | Zip Code<br>06901                 |
| Principal Occupation<br>Attorney  | Name of Employer<br>self |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                          | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  |                          | Date Received<br>03/08/2014   | Aggregate Contributions<br>\$5.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card  |                          | Amount of Contribution<br>\$5.00  |                                   |

|   |                                   |   |                                   |
|---|-----------------------------------|---|-----------------------------------|
| Last Name<br>Girgis   | First<br>Shereen                  | MI  | Contribution ID #<br>0005         |
| Residential Street Address<br>85 Cove Rd  | City<br>Stamford                  | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation<br>waitress/hostess  | Name of Employer<br>Lucky's Diner |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  |                                   | Date Received<br>03/08/2014   | Aggregate Contributions<br>\$5.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card  |                                   | Amount of Contribution<br>\$5.00  |                                   |

|   |                               |   |                                   |
|---|-------------------------------|---|-----------------------------------|
| Last Name<br>Lederer  | First<br>John                 | MI  | Contribution ID #<br>0006         |
| Residential Street Address<br>265 Bridge St   | City<br>Stamford              | State<br>CT   | Zip Code<br>06905                 |
| Principal Occupation<br>Sales   | Name of Employer<br>Reed Expo |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                               | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  |                               | Date Received<br>03/08/2014   | Aggregate Contributions<br>\$5.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card  |                               | Amount of Contribution<br>\$5.00  |                                   |

|   |                                  |   |                                   |
|---|----------------------------------|---|-----------------------------------|
| Last Name<br>Muhlbauer  | First<br>James John              | MI  | Contribution ID #<br>0007         |
| Residential Street Address<br>100 Hope St Apt 2   | City<br>Stamford                 | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation<br>teacher   | Name of Employer<br>Stamford BOE |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  |                                  | Date Received<br>03/08/2014   | Aggregate Contributions<br>\$5.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card  |                                  | Amount of Contribution<br>\$5.00  |                                   |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Shanen  | First<br>Rachel  | MI<br>L   | Contribution ID #<br>0008         |
| Residential Street Address<br>237 Bridge St # 1  | City<br>Stamford   | State<br>CT   | Zip Code<br>06905                 |
| Principal Occupation<br>paralegal  | Name of Employer<br>Piazza, Simmons & Grant  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/08/2014   | Aggregate Contributions<br>\$5.00 |
|  |  | Amount of Contribution<br>\$5.00  |                                   |

|  |  |   |                                    |
|--|--|---|------------------------------------|
| Last Name<br>McGihn  | First<br>Sean  | MI<br>E   | Contribution ID #<br>0009          |
| Residential Street Address<br>17 Pheasant Ridge Rd   | City<br>Redding  | State<br>CT   | Zip Code<br>06896                  |
| Principal Occupation<br>Trade Accountant   | Name of Employer<br>Glencare LTD   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/08/2014   | Aggregate Contributions<br>\$10.00 |
|  |  | Amount of Contribution<br>\$10.00   |                                    |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Musilli   | First<br>Donna   | MI<br>M   | Contribution ID #<br>0010         |
| Residential Street Address<br>464 W Hill Rd  | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation   | Name of Employer   |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/08/2014   | Aggregate Contributions<br>\$5.00 |
|  |  | Amount of Contribution<br>\$5.00  |                                   |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Beefer  | First<br>Nate  | MI  | Contribution ID #<br>0011         |
| Residential Street Address<br>180 Broad St Apt 1415  | City<br>Stamford   | State<br>CT   | Zip Code<br>06901                 |
| Principal Occupation<br>Investment Analyst   | Name of Employer<br>Rocaton Investments  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/08/2014   | Aggregate Contributions<br>\$5.00 |
|  |  | Amount of Contribution<br>\$5.00  |                                   |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| Last Name<br>Palmeri  | First<br>Joseph  | MI  | Contribution ID #<br>0012         |
| Residential Street Address<br>25 Third St   | City<br>Stamford   | State<br>CT   | Zip Code<br>06905                 |
| Principal Occupation  | Name of Employer   |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Amount of Contribution  |  |   |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/08/2014   | Aggregate Contributions<br>\$5.00 |
|   |  |   | \$5.00                            |

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| Last Name<br>Jodice   | First<br>Maria   | MI  | Contribution ID #<br>0013         |
| Residential Street Address<br>119 Towne St  | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation  | Name of Employer<br>Apple  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Amount of Contribution  |  |   |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/09/2014   | Aggregate Contributions<br>\$5.00 |
|   |  |   | \$5.00                            |

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| Last Name<br>Wellington   | First<br>Desiree   | MI<br>F   | Contribution ID #<br>0014         |
| Residential Street Address<br>119 Towne St  | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation<br>operations  | Name of Employer<br>Morgan Stanley   |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Amount of Contribution  |  |   |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/09/2014   | Aggregate Contributions<br>\$5.00 |
|   |  |   | \$5.00                            |

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| Last Name<br>Christie   | First<br>Robert  | MI<br>E   | Contribution ID #<br>0015         |
| Residential Street Address<br>119 Towne St # 388  | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation<br>Client Advisor  | Name of Employer<br>Rockefeller and CO.  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Amount of Contribution  |  |   |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/09/2014   | Aggregate Contributions<br>\$5.00 |
|   |  |   | \$5.00                            |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |  |  |
|--|--|--|--|
| Last Name<br>Donelan   | First<br>Moriah                                      | MI<br>E  | Contribution ID #<br>0016  |
| Residential Street Address<br>119 Towne St # 388   | City<br>Stamford                                     | State<br>CT  | Zip Code<br>06902  |
| Principal Occupation<br>Development  | Name of Employer<br>Alliance for Cancer Gene Therapy |  |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Amount of Contribution<br>Date Received<br>03/09/2014<br>Aggregate Contributions<br>\$5.00<br>\$5.00 |

|  |  |  |  |
|--|--|--|--|
| Last Name<br>York  | First<br>Jesse                           | MI<br>L  | Contribution ID #<br>0017  |
| Residential Street Address<br>119 Towne St # 370   | City<br>Stamford                         | State<br>CT  | Zip Code<br>06902  |
| Principal Occupation<br>Director   | Name of Employer<br>Conway MacKenzie Inc |  |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Amount of Contribution<br>Date Received<br>03/09/2014<br>Aggregate Contributions<br>\$10.00<br>\$10.00 |

|  |  |  |  |
|--|--|--|--|
| Last Name<br>Tunney  | First<br>Leigh                         | MI<br>C  | Contribution ID #<br>0018  |
| Residential Street Address<br>119 Towne St # 257   | City<br>Stamford                       | State<br>CT  | Zip Code<br>06902  |
| Principal Occupation<br>Executive Assistant  | Name of Employer<br>Fieldpoint Private |  |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Amount of Contribution<br>Date Received<br>03/09/2014<br>Aggregate Contributions<br>\$5.00<br>\$5.00 |

|  |                                    |  |  |
|--|------------------------------------|--|--|
| Last Name<br>Rowe  | First<br>Brian                     | MI<br>C  | Contribution ID #<br>0019  |
| Residential Street Address<br>77 Prospect St   | City<br>Stamford                   | State<br>CT  | Zip Code<br>06901  |
| Principal Occupation<br>Account Manager  | Name of Employer<br>Recruitics.com |  |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                    | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |                                    | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Amount of Contribution<br>Date Received<br>03/09/2014<br>Aggregate Contributions<br>\$5.00<br>\$5.00 |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |                             |   |                                   |
|---|-----------------------------|---|-----------------------------------|
| Last Name<br>Tubb   | First<br>Charles            | MI<br>T   | Contribution ID #<br>0020         |
| Residential Street Address<br>119 Towne St # 255  | City<br>Stamford            | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation<br>Marketing Director  | Name of Employer<br>Lovesac |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  |                             | Date Received<br>03/09/2014   | Aggregate Contributions<br>\$5.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card  |                             | Amount of Contribution<br>\$5.00  |                                   |

|   |                               |   |                                   |
|---|-------------------------------|---|-----------------------------------|
| Last Name<br>Matols   | First<br>Geoff                | MI  | Contribution ID #<br>0021         |
| Residential Street Address<br>119 Towne St # 585  | City<br>Stamford              | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation<br>Sales   | Name of Employer<br>Medtronic |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                               | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  |                               | Date Received<br>03/09/2014   | Aggregate Contributions<br>\$5.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card  |                               | Amount of Contribution<br>\$5.00  |                                   |

|   |                  |   |                                   |
|---|------------------|---|-----------------------------------|
| Last Name<br>Correa   | First<br>Nicolas | MI  | Contribution ID #<br>0022         |
| Residential Street Address<br>119 Towne St # 285  | City<br>Stamford | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation  | Name of Employer |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  |                  | Date Received<br>03/09/2014   | Aggregate Contributions<br>\$5.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card  |                  | Amount of Contribution<br>\$5.00  |                                   |

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| Last Name<br>Helf   | First<br>Jeffery                               | MI<br>M   | Contribution ID #<br>0023         |
| Residential Street Address<br>154 Cold Spring Rd # 11   | City<br>Stamford                               | State<br>CT   | Zip Code<br>06905                 |
| Principal Occupation<br>Accountant  | Name of Employer<br>Putnam County Savings Bank |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  |  | Date Received<br>03/10/2014   | Aggregate Contributions<br>\$5.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card  |  | Amount of Contribution<br>\$5.00  |                                   |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| Last Name<br>Elie   | First<br>Jessica                       | MI<br>P   | Contribution ID #<br>0029         |
| Residential Street Address<br>57 Ledge Ln   | City<br>Stamford                       | State<br>CT   | Zip Code<br>06905                 |
| Principal Occupation<br>Registered Nurse  | Name of Employer<br>Greenwich Hospital |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  |  | Date Received<br>03/16/2014   | Aggregate Contributions<br>\$5.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card  |  | Amount of Contribution<br>\$5.00  |                                   |

|   |                        |   |                                   |
|---|------------------------|---|-----------------------------------|
| Last Name<br>Klein  | First<br>Leslie        | MI<br>E   | Contribution ID #<br>0024         |
| Residential Street Address<br>122 Palmers Hill Rd   | City<br>Stamford       | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation  | Name of Employer<br>NA |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                        | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  |                        | Date Received<br>03/16/2014   | Aggregate Contributions<br>\$5.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card  |                        | Amount of Contribution<br>\$5.00  |                                   |

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| Last Name<br>McManus  | First<br>Jessica                       | MI<br>L   | Contribution ID #<br>0025         |
| Residential Street Address<br>119 Towne St  | City<br>Stamford                       | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation<br>Account Manager   | Name of Employer<br>MNI Targeted Media |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  |  | Date Received<br>03/16/2014   | Aggregate Contributions<br>\$5.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card  |  | Amount of Contribution<br>\$5.00  |                                   |

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| Last Name<br>Noorami  | First<br>Samina                        | MI  | Contribution ID #<br>0037         |
| Residential Street Address<br>47 Woodridge Dr   | City<br>Stamford                       | State<br>CT   | Zip Code<br>06905                 |
| Principal Occupation<br>Unit Secretary  | Name of Employer<br>Greenwich Hospital |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  |  | Date Received<br>03/16/2014   | Aggregate Contributions<br>\$5.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card  |  | Amount of Contribution<br>\$5.00  |                                   |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Kelly   | First<br>Devon   | MI<br>M   | Contribution ID #<br>0038         |
| Residential Street Address<br>4 Bend of River Ln   | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation<br>Teacher  | Name of Employer<br>Town of Greenwich  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/16/2014   | Aggregate Contributions<br>\$5.00 |
|  |  | Amount of Contribution<br>\$5.00  |                                   |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Kelly   | First<br>Gregory   | MI<br>L   | Contribution ID #<br>0039         |
| Residential Street Address<br>4 Bend of River Ln   | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation<br>Managing Director  | Name of Employer<br>Kelly Transportation   |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/16/2014   | Aggregate Contributions<br>\$5.00 |
|  |  | Amount of Contribution<br>\$5.00  |                                   |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Kelly   | First<br>Francis   | MI<br>J   | Contribution ID #<br>0028         |
| Residential Street Address<br>18 Hackett Cir N   | City<br>Stamford   | State<br>CT   | Zip Code<br>06906                 |
| Principal Occupation   | Name of Employer<br>Springdale Limo  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/16/2014   | Aggregate Contributions<br>\$5.00 |
|  |  | Amount of Contribution<br>\$5.00  |                                   |

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| Last Name<br>Simmons   | First<br>Steven  | MI<br>J   | Contribution ID #<br>0026           |
| Residential Street Address<br>66 Winding Ln  | City<br>Greenwich  | State<br>CT   | Zip Code<br>06831                   |
| Principal Occupation<br>Business executive   | Name of Employer<br>Simmons/Patriot Media and Communications   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/16/2014   | Aggregate Contributions<br>\$100.00 |
|  |  | Amount of Contribution<br>\$100.00  |                                     |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Simmons  | First<br>Eileen  | MI<br>H   | Contribution ID #<br>0027           |
| Residential Street Address<br>66 Winding Ln   | City<br>Greenwich  | State<br>CT   | Zip Code<br>06831                   |
| Principal Occupation<br>Housekeeping  | Name of Employer<br>NA   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Amount of Contribution  |  |   |                                     |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/16/2014   | Aggregate Contributions<br>\$100.00 |
|   |  |   | \$100.00                            |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Klein  | First<br>Nancy   | MI<br>L   | Contribution ID #<br>0030          |
| Residential Street Address<br>34 Greenbrier Ln  | City<br>Stamford   | State<br>CT   | Zip Code<br>06903                  |
| Principal Occupation  | Name of Employer   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Amount of Contribution  |  |   |                                    |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/16/2014   | Aggregate Contributions<br>\$10.00 |
|   |  |   | \$10.00                            |

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| Last Name<br>Reyes  | First<br>Goldamyrhh  | MI<br>A   | Contribution ID #<br>0031         |
| Residential Street Address<br>470 Hope St   | City<br>Stamford   | State<br>CT   | Zip Code<br>06906                 |
| Principal Occupation<br>Nurse   | Name of Employer<br>Stamford Hospital  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Amount of Contribution  |  |   |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/16/2014   | Aggregate Contributions<br>\$5.00 |
|   |  |   | \$5.00                            |

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| Last Name<br>Doreste  | First<br>Judith  | MI  | Contribution ID #<br>0032         |
| Residential Street Address<br>46 Taylor St  | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation<br>CNA   | Name of Employer<br>Edgehill   |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Amount of Contribution  |  |   |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/16/2014   | Aggregate Contributions<br>\$5.00 |
|   |  |   | \$5.00                            |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Marcellus   | First<br>Kristen   | MI  | Contribution ID #<br>0036         |
| Residential Street Address<br>189 Toms Rd  | City<br>Stamford   | State<br>CT   | Zip Code<br>06906                 |
| Principal Occupation<br>RN   | Name of Employer<br>Greenwich Hospital   |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/16/2014   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>McManus   | First<br>Stephen   | MI<br>L   | Contribution ID #<br>0033         |
| Residential Street Address<br>119 Towne St # 453   | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation<br>Sales Director   | Name of Employer<br>Indeed.com   |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/16/2014   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>McHale  | First<br>Patrick   | MI<br>J   | Contribution ID #<br>0034         |
| Residential Street Address<br>119 Towne St # 656   | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation<br>Sales  | Name of Employer<br>Sun Products   |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/16/2014   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Hoffman   | First<br>Aaron   | MI  | Contribution ID #<br>0035         |
| Residential Street Address<br>119 Towne St # 662   | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation<br>Attorney   | Name of Employer   |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/16/2014   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Starks</b>   | First<br><b>Samuel</b>   | MI<br><b>J</b>  | Contribution ID #<br><b>0046</b>          |
| Residential Street Address<br><b>238 Thornwood Rd</b>  | City<br><b>Stamford</b>  | State<br><b>CT</b>  | Zip Code<br><b>06903</b>                  |
| Principal Occupation<br><b>Attorney</b>  | Name of Employer<br><b>self-employed</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/17/2014</b>  | Aggregate Contributions<br><b>\$25.00</b> |
|  |  | Amount of Contribution<br><b>\$25.00</b>  |   |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Selden</b>   | First<br><b>Joel Paul</b>  | MI<br><b></b>   | Contribution ID #<br><b>0044</b>         |
| Residential Street Address<br><b>165 Echo Hill Dr</b>  | City<br><b>Stamford</b>  | State<br><b>CT</b>  | Zip Code<br><b>06903</b>                 |
| Principal Occupation<br><b>Financial Wealth Manager</b>  | Name of Employer<br><b>UBS</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/17/2014</b>  | Aggregate Contributions<br><b>\$5.00</b> |
|  |  | Amount of Contribution<br><b>\$5.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Selden</b>   | First<br><b>Emily Maureen</b>  | MI<br><b></b>   | Contribution ID #<br><b>0045</b>         |
| Residential Street Address<br><b>165 Echo Hill Dr</b>  | City<br><b>Stamford</b>  | State<br><b>CT</b>  | Zip Code<br><b>06903</b>                 |
| Principal Occupation<br><b>owner</b>   | Name of Employer<br><b>Marcia Selden catering</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/17/2014</b>  | Aggregate Contributions<br><b>\$5.00</b> |
|  |  | Amount of Contribution<br><b>\$5.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Osborn</b>   | First<br><b>Josephine</b>  | MI<br><b>N</b>  | Contribution ID #<br><b>0073</b>           |
| Residential Street Address<br><b>64 Hemlock Hill Rd</b>  | City<br><b>New Canaan</b>  | State<br><b>CT</b>  | Zip Code<br><b>06840</b>                   |
| Principal Occupation<br><b>homemaker</b>   | Name of Employer<br><b>none</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/17/2014</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Osborn   | First<br>Frank   | MI<br>D   | Contribution ID #<br>0074           |
| Residential Street Address<br>64 Hemlock Hill Rd  | City<br>New Canaan   | State<br>CT   | Zip Code<br>06840                   |
| Principal Occupation<br>executive   | Name of Employer<br>Qantum Communications  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/17/2014   | Aggregate Contributions<br>\$100.00 |
|   |  | Amount of Contribution<br>\$100.00  |                                     |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Drimal   | First<br>Charles   | MI<br>E   | Contribution ID #<br>0075           |
| Residential Street Address<br>283 Hollow Tree Ridge Rd  | City<br>Darien   | State<br>CT   | Zip Code<br>06820                   |
| Principal Occupation<br>CEO   | Name of Employer<br>Prime Energy Corporation   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/17/2014   | Aggregate Contributions<br>\$100.00 |
|   |  | Amount of Contribution<br>\$100.00  |                                     |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Deacy  | First<br>James   | MI  | Contribution ID #<br>0048          |
| Residential Street Address<br>52 Woodlawn Dr  | City<br>Ridgefield   | State<br>CT   | Zip Code<br>06877                  |
| Principal Occupation<br>bar owner   | Name of Employer<br>self   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/17/2014   | Aggregate Contributions<br>\$20.00 |
|   |  | Amount of Contribution<br>\$20.00   |                                    |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Richardson   | First<br>Maura   | MI<br>H   | Contribution ID #<br>0049           |
| Residential Street Address<br>16056 Woodvale Rd   | City<br>Encino   | State<br>CA   | Zip Code<br>91436                   |
| Principal Occupation<br>housewife   | Name of Employer<br>none   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/17/2014   | Aggregate Contributions<br>\$100.00 |
|   |  | Amount of Contribution<br>\$100.00  |                                     |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |                               |  |                                    |
|--|-------------------------------|--|------------------------------------|
| Last Name<br>Richardson  | First<br>Harold               | MI<br>L  | Contribution ID #<br>0050          |
| Residential Street Address<br>16056 Woodvale Rd  | City<br>Encino                | State<br>CA  | Zip Code<br>91436                  |
| Principal Occupation<br>TV Executive   | Name of Employer<br>Paramount |  |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                               | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                    |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |                               | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/17/2014        |
|  |                               | Aggregate Contributions<br>\$100.00  | Amount of Contribution<br>\$100.00 |

|  |                   |  |                                    |
|--|-------------------|--|------------------------------------|
| Last Name<br>Richardson  | First<br>Margaret | MI<br>D  | Contribution ID #<br>0051          |
| Residential Street Address<br>16056 Woodvale Rd  | City<br>Encino    | State<br>CA  | Zip Code<br>91436                  |
| Principal Occupation<br>student  | Name of Employer  |  |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                    |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |                   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/17/2014        |
|  |                   | Aggregate Contributions<br>\$100.00  | Amount of Contribution<br>\$100.00 |

|  |                                    |  |                                    |
|--|------------------------------------|--|------------------------------------|
| Last Name<br>McDonald  | First<br>Shirley                   | MI   | Contribution ID #<br>0052          |
| Residential Street Address<br>66 Winding Ln  | City<br>Greenwich                  | State<br>CT  | Zip Code<br>06831                  |
| Principal Occupation<br>House Manager  | Name of Employer<br>Eileen Simmons |  |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                    | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                    |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |                                    | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/17/2014        |
|  |                                    | Aggregate Contributions<br>\$100.00  | Amount of Contribution<br>\$100.00 |

|  |   |  |                                    |
|--|---|--|------------------------------------|
| Last Name<br>Coady   | First<br>Roxanne                        | MI<br>J  | Contribution ID #<br>0053          |
| Residential Street Address<br>362 Whitney Ave # 1A   | City<br>New Haven                       | State<br>CT  | Zip Code<br>06511                  |
| Principal Occupation<br>Bookseller   | Name of Employer<br>RJ Julia Bookseller |  |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                    |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/17/2014        |
|  |   | Aggregate Contributions<br>\$100.00  | Amount of Contribution<br>\$100.00 |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Fitzgerald   | First<br>Brian   | MI<br>D   | Contribution ID #<br>0054           |
| Residential Street Address<br>40 Fox Run Ln   | City<br>Greenwich  | State<br>CT   | Zip Code<br>06837                   |
| Principal Occupation<br>Investments   | Name of Employer<br>Capital Partners Inc.  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Amount of Contribution  |  |   |                                     |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/17/2014   | Aggregate Contributions<br>\$100.00 |
|   |  |   | \$100.00                            |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Ahearn   | First<br>Sean  | MI<br>CT  | Contribution ID #<br>0055          |
| Residential Street Address<br>43 Harbor Dr Apt 511  | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                  |
| Principal Occupation<br>Professor   | Name of Employer<br>City University Hunter College   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Amount of Contribution  |  |   |                                    |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/17/2014   | Aggregate Contributions<br>\$10.00 |
|   |  |   | \$10.00                            |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Ruijter  | First<br>Lyda  | MI<br>A   | Contribution ID #<br>0056          |
| Residential Street Address<br>43 Harbor Dr Apt 511  | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                  |
| Principal Occupation  | Name of Employer   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Amount of Contribution  |  |   |                                    |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/17/2014   | Aggregate Contributions<br>\$10.00 |
|   |  |   | \$10.00                            |

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| Last Name<br>Goldenberg   | First<br>Gina  | MI<br>CT  | Contribution ID #<br>0057         |
| Residential Street Address<br>293 Bridge St   | City<br>Stamford   | State<br>CT   | Zip Code<br>06905                 |
| Principal Occupation<br>broker  | Name of Employer<br>Shany landmarks  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Amount of Contribution  |  |   |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/17/2014   | Aggregate Contributions<br>\$5.00 |
|   |  |   | \$5.00                            |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Cosmai  | First<br>Angela  | MI  | Contribution ID #<br>0058         |
| Residential Street Address<br>383 Janes Ln   | City<br>Stamford   | State<br>CT   | Zip Code<br>06903                 |
| Principal Occupation<br>salon owner/hair colorist  | Name of Employer<br>self employed  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/17/2014   | Aggregate Contributions<br>\$5.00 |
|  |  | Amount of Contribution<br>\$5.00  |                                   |

|  |  |   |                                    |
|--|--|---|------------------------------------|
| Last Name<br>Selden  | First<br>Robin   | MI<br>L   | Contribution ID #<br>0059          |
| Residential Street Address<br>15 White Birch Ln  | City<br>Stamford   | State<br>CT   | Zip Code<br>06905                  |
| Principal Occupation<br>Caterer  | Name of Employer<br>Marcia Selden catering   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/17/2014   | Aggregate Contributions<br>\$10.00 |
|  |  | Amount of Contribution<br>\$10.00   |                                    |

|  |  |   |                                    |
|--|--|---|------------------------------------|
| Last Name<br>Meister   | First<br>Michael   | MI<br>A   | Contribution ID #<br>0060          |
| Residential Street Address<br>15 White Birch Ln  | City<br>Stamford   | State<br>CT   | Zip Code<br>06905                  |
| Principal Occupation<br>Director of Design   | Name of Employer<br>Museum of Natural History  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/17/2014   | Aggregate Contributions<br>\$10.00 |
|  |  | Amount of Contribution<br>\$10.00   |                                    |

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| Last Name<br>Sinclair  | First<br>William   | MI<br>C   | Contribution ID #<br>0061           |
| Residential Street Address<br>125 W 22nd St Apt 3A   | City<br>New York   | State<br>NY   | Zip Code<br>10011                   |
| Principal Occupation<br>Banker   | Name of Employer<br>JP Morgan  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/17/2014   | Aggregate Contributions<br>\$100.00 |
|  |  | Amount of Contribution<br>\$100.00  |                                     |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Dunn Jr.  | First<br>William   | MI<br>G   | Contribution ID #<br>0062         |
| Residential Street Address<br>66 Glenbrook Rd Apt 2226   | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation<br>Accountant   | Name of Employer<br>Price Waterhouse Coopers LLP   |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/17/2014   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Levine  | First<br>Matthew   | MI<br>J   | Contribution ID #<br>0063         |
| Residential Street Address<br>66 Glenbrook Rd Apt 2226   | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation<br>Accountant   | Name of Employer<br>KPMG, LLP  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/17/2014   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Chiodo  | First<br>Bryan   | MI  | Contribution ID #<br>0064         |
| Residential Street Address<br>700 Summer St  | City<br>Stamford   | State<br>CT   | Zip Code<br>06901                 |
| Principal Occupation<br>media  | Name of Employer   |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/17/2014   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Raus  | First<br>Donny   | MI  | Contribution ID #<br>0065         |
| Residential Street Address<br>172 Hamilton Ave   | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation<br>coffee   | Name of Employer<br>self employed  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/17/2014   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |                                      |  |                                  |
|---|--------------------------------------|--|----------------------------------|
| Last Name<br>DeAngelo   | First<br>Linda                       | MI   | Contribution ID #<br>0066        |
| Residential Street Address<br>277-1 Bridge St   | City<br>Stamford                     | State<br>CT  | Zip Code<br>06905                |
| Principal Occupation<br>secretary   | Name of Employer<br>Dr. Bruce Denker |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                      | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                  |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   |                                      | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/17/2014      |
|   |                                      | Aggregate Contributions<br>\$5.00  | Amount of Contribution<br>\$5.00 |

|   |  |  |                                  |
|---|--|--|----------------------------------|
| Last Name<br>Sy   | First<br>Eloisa                        | MI<br>E  | Contribution ID #<br>0067        |
| Residential Street Address<br>105 Gaymoor Dr  | City<br>Stamford                       | State<br>CT  | Zip Code<br>06907                |
| Principal Occupation<br>Nurse   | Name of Employer<br>Greenwich Hospital |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                  |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   |  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/17/2014      |
|   |  | Aggregate Contributions<br>\$5.00  | Amount of Contribution<br>\$5.00 |

|   |                                 |  |                                  |
|---|---------------------------------|--|----------------------------------|
| Last Name<br>Sy   | First<br>Lester                 | MI<br>E  | Contribution ID #<br>0068        |
| Residential Street Address<br>105 Gaymoor Dr  | City<br>Stamford                | State<br>CT  | Zip Code<br>06907                |
| Principal Occupation  | Name of Employer<br>Wells Fargo |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                 | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                  |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   |                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/17/2014      |
|   |                                 | Aggregate Contributions<br>\$5.00  | Amount of Contribution<br>\$5.00 |

|   |                                       |  |                                  |
|---|---------------------------------------|--|----------------------------------|
| Last Name<br>Sy   | First<br>Lito                         | MI<br>V  | Contribution ID #<br>0069        |
| Residential Street Address<br>105 Gaymoor Dr  | City<br>Stamford                      | State<br>CT  | Zip Code<br>06907                |
| Principal Occupation<br>mail carrier  | Name of Employer<br>US Postal Service |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                       | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                  |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   |                                       | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/17/2014      |
|   |                                       | Aggregate Contributions<br>\$5.00  | Amount of Contribution<br>\$5.00 |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| Last Name<br>Lyman   | First<br>Olivia  | MI<br>L   | Contribution ID #<br>0070           |
| Residential Street Address<br>421 W 54th St PH A   | City<br>New York   | State<br>NY   | Zip Code<br>10019                   |
| Principal Occupation<br>Student  | Name of Employer<br>Stamford Business School   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/17/2014   | Aggregate Contributions<br>\$100.00 |
|  |  |   | Amount of Contribution<br>\$100.00  |

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| Last Name<br>Hostetter   | First<br>Caroline  | MI  | Contribution ID #<br>0071           |
| Residential Street Address<br>85 Mount Vernon St   | City<br>Boston   | State<br>MA   | Zip Code<br>02108                   |
| Principal Occupation<br>Student  | Name of Employer<br>Stamford Business School   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/17/2014   | Aggregate Contributions<br>\$100.00 |
|  |  |   | Amount of Contribution<br>\$100.00  |

|  |  |   |                                    |
|--|--|---|------------------------------------|
| Last Name<br>Starks  | First<br>Hilary  | MI<br>A   | Contribution ID #<br>0072          |
| Residential Street Address<br>1 Southfield Ave Apt 418   | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                  |
| Principal Occupation<br>Fundraiser   | Name of Employer<br>Soundwaters  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/17/2014   | Aggregate Contributions<br>\$10.00 |
|  |  |   | Amount of Contribution<br>\$10.00  |

|  |  |   |                                    |
|--|--|---|------------------------------------|
| Last Name<br>Mannis  | First<br>David   | MI  | Contribution ID #<br>0047          |
| Residential Street Address<br>34 Greenbrier Ln   | City<br>Stamford   | State<br>CT   | Zip Code<br>06903                  |
| Principal Occupation<br>Retired  | Name of Employer<br>retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/17/2014   | Aggregate Contributions<br>\$10.00 |
|  |  |   | Amount of Contribution<br>\$10.00  |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |                             |  |                                    |
|--|-----------------------------|--|------------------------------------|
| Last Name<br>Dao   | First<br>Pio Jr.            | MI<br>R  | Contribution ID #<br>0040          |
| Residential Street Address<br>74 Dunn Ave  | City<br>Stamford            | State<br>CT  | Zip Code<br>06905                  |
| Principal Occupation<br>retired  | Name of Employer<br>retired |  |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with a fundraising event listed in Section J1?<br><br>If yes, list Event #   |                             | Date Received<br>03/17/2014  | Aggregate Contributions<br>\$20.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card   |                             | Amount of Contribution<br>\$20.00  |                                    |

|  |                                    |  |                                     |
|--|------------------------------------|--|-------------------------------------|
| Last Name<br>Dao   | First<br>Leonora                   | MI<br>S  | Contribution ID #<br>0041           |
| Residential Street Address<br>74 Dunn Ave  | City<br>Stamford                   | State<br>CT  | Zip Code<br>06905                   |
| Principal Occupation<br>Housekeeper  | Name of Employer<br>Eileen Simmons |  |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                    | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with a fundraising event listed in Section J1?<br><br>If yes, list Event #   |                                    | Date Received<br>03/17/2014  | Aggregate Contributions<br>\$100.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card   |                                    | Amount of Contribution<br>\$100.00   |                                     |

|  |  |  |                                   |
|--|--|--|-----------------------------------|
| Last Name<br>Kerr  | First<br>Alicia                        | MI   | Contribution ID #<br>0042         |
| Residential Street Address<br>119 Towne St # 682   | City<br>Stamford                       | State<br>CT  | Zip Code<br>06902                 |
| Principal Occupation<br>Physician  | Name of Employer<br>Womens Health Care |  |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><br>If yes, list Event #   |  | Date Received<br>03/17/2014  | Aggregate Contributions<br>\$5.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card   |  | Amount of Contribution<br>\$5.00   |                                   |

|  |                             |  |                                   |
|--|-----------------------------|--|-----------------------------------|
| Last Name<br>Fontanez  | First<br>Miguel             | MI   | Contribution ID #<br>0043         |
| Residential Street Address<br>122 Morgan St Unit 319   | City<br>Stamford            | State<br>CT  | Zip Code<br>06905                 |
| Principal Occupation<br>Program Analyst  | Name of Employer<br>Gartner |  |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><br>If yes, list Event #   |                             | Date Received<br>03/17/2014  | Aggregate Contributions<br>\$5.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card   |                             | Amount of Contribution<br>\$5.00   |                                   |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |                        |  |                                   |
|--|------------------------|--|-----------------------------------|
| Last Name<br>Mebus   | First<br>Derek         | MI<br>R  | Contribution ID #<br>0076         |
| Residential Street Address<br>116 Strawberry Hill Ave Apt 25   | City<br>Stamford       | State<br>CT  | Zip Code<br>06902                 |
| Principal Occupation<br>IT Manager   | Name of Employer<br>GE |  |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                        | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |                        | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Amount of Contribution<br>\$5.00  |
|  |                        | Date Received<br>03/17/2014  | Aggregate Contributions<br>\$5.00 |

|  |                                      |  |                                    |
|--|--------------------------------------|--|------------------------------------|
| Last Name<br>Jasodzinski   | First<br>George                      | MI   | Contribution ID #<br>0077          |
| Residential Street Address<br>1455 Washington Blvd Apt 419   | City<br>Stamford                     | State<br>CT  | Zip Code<br>06902                  |
| Principal Occupation<br>Police Officer   | Name of Employer<br>City of Stamford |  |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                      | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                    |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |                                      | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Amount of Contribution<br>\$20.00  |
|  |                                      | Date Received<br>03/17/2014  | Aggregate Contributions<br>\$20.00 |

|  |  |  |                                    |
|--|--|--|------------------------------------|
| Last Name<br>Hackett   | First<br>Kelly Susan                   | MI   | Contribution ID #<br>0078          |
| Residential Street Address<br>1340 Washington Blvd Apt 514   | City<br>Stamford                       | State<br>CT  | Zip Code<br>06902                  |
| Principal Occupation<br>Finance  | Name of Employer<br>Tallwoods Partners |  |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                    |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Amount of Contribution<br>\$10.00  |
|  |  | Date Received<br>03/17/2014  | Aggregate Contributions<br>\$10.00 |

|  |   |  |                                   |
|--|---|--|-----------------------------------|
| Last Name<br>Forde   | First<br>James                              | MI   | Contribution ID #<br>0079         |
| Residential Street Address<br>27 Carter Dr   | City<br>Stamford                            | State<br>CT  | Zip Code<br>06902                 |
| Principal Occupation<br>Teacher  | Name of Employer<br>Stamford Public Schools |  |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Amount of Contribution<br>\$5.00  |
|  |   | Date Received<br>03/17/2014  | Aggregate Contributions<br>\$5.00 |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Galicia   | First<br>Angela  | MI  | Contribution ID #<br>0080         |
| Residential Street Address<br>162 Oaklawn Ave  | City<br>Stamford   | State<br>CT   | Zip Code<br>06905                 |
| Principal Occupation<br>waitress/fitness instructor  | Name of Employer<br>Lucky's Diner  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/17/2014   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Orsino  | First<br>Michael   | MI<br>J   | Contribution ID #<br>0081         |
| Residential Street Address<br>123 Dora St  | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation   | Name of Employer<br>Northeast Electrical   |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/17/2014   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Colon   | First<br>Francisco   | MI  | Contribution ID #<br>0082         |
| Residential Street Address<br>1 Southfield Ave ,   | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation<br>Student  | Name of Employer<br>Student  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/17/2014   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Jones   | First<br>Sarah   | MI  | Contribution ID #<br>0083         |
| Residential Street Address<br>175 Bedford St   | City<br>Stamford   | State<br>CT   | Zip Code<br>06901                 |
| Principal Occupation<br>waitress   | Name of Employer<br>Tiernan's Irish Pub  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/18/2014   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Steed</b>  | First<br><b>Jeremy</b>   | MI<br><b>M</b>  | Contribution ID #<br><b>0084</b>           |
| Residential Street Address<br><b>2555 Pennsylvania Ave NW Apt 918</b>  | City<br><b>Washington</b>  | State<br><b>DC</b>  | Zip Code<br><b>20037</b>                   |
| Principal Occupation<br><b>Lawyer</b>  | Name of Employer<br><b>Paul Hastings LLP</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/18/2014</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Richardson</b>   | First<br><b>Virginia</b>   | MI<br><b>G</b>  | Contribution ID #<br><b>0085</b>           |
| Residential Street Address<br><b>5555 Montgomery Dr</b>  | City<br><b>Santa Rosa</b>  | State<br><b>CA</b>  | Zip Code<br><b>95409</b>                   |
| Principal Occupation<br><b>Retired</b>   | Name of Employer<br><b>Retired</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/18/2014</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Civiello</b>   | First<br><b>Casey</b>  | MI<br><b>D</b>  | Contribution ID #<br><b>0086</b>          |
| Residential Street Address<br><b>20 Pinckney St # 1</b>  | City<br><b>Boston</b>  | State<br><b>MA</b>  | Zip Code<br><b>02114</b>                  |
| Principal Occupation<br><b>Attorney</b>  | Name of Employer<br><b>Henshon Klein LLP</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/18/2014</b>  | Aggregate Contributions<br><b>\$20.00</b> |
|  |  | Amount of Contribution<br><b>\$20.00</b>  |   |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Steed</b>  | First<br><b>Michael</b>  | MI<br><b>R</b>  | Contribution ID #<br><b>0089</b>           |
| Residential Street Address<br><b>4100 Rosemary St</b>  | City<br><b>Chevy Chase</b>   | State<br><b>MD</b>  | Zip Code<br><b>20815</b>                   |
| Principal Occupation<br><b>Managing Partner</b>  | Name of Employer<br><b>Paladin Capital Group</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/19/2014</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Steed</b>  | First<br><b>Carol</b>  | MI<br><b>S</b>  | Contribution ID #<br><b>0090</b>           |
| Residential Street Address<br><b>4100 Rosemary St</b>  | City<br><b>Chevy Chase</b>   | State<br><b>MD</b>  | Zip Code<br><b>20815</b>                   |
| Principal Occupation<br><b>Retail</b>  | Name of Employer<br><b>Cummings Collection</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/19/2014</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Trow</b>   | First<br><b>Griffith</b>   | MI<br><b>H</b>  | Contribution ID #<br><b>0097</b>         |
| Residential Street Address<br><b>56 Saw Mill Rd</b>  | City<br><b>Stamford</b>  | State<br><b>CT</b>  | Zip Code<br><b>06903</b>                 |
| Principal Occupation<br><b>Attorney</b>  | Name of Employer<br><b>self-employed</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/19/2014</b>  | Aggregate Contributions<br><b>\$5.00</b> |
|  |  | Amount of Contribution<br><b>\$5.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Day</b>  | First<br><b>Virginia</b>   | MI  | Contribution ID #<br><b>0087</b>           |
| Residential Street Address<br><b>26 Deer Park Dr</b>   | City<br><b>Greenwich</b>   | State<br><b>CT</b>  | Zip Code<br><b>06830</b>                   |
| Principal Occupation<br><b>Trustee</b>   | Name of Employer<br><b>LT#3</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/19/2014</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Day</b>  | First<br><b>Christopher Sean</b>   | MI  | Contribution ID #<br><b>0088</b>           |
| Residential Street Address<br><b>26 Deer Park Dr</b>   | City<br><b>Greenwich</b>   | State<br><b>CT</b>  | Zip Code<br><b>06830</b>                   |
| Principal Occupation<br><b>Businessman</b>   | Name of Employer<br><b>self-employed</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/19/2014</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Clark  | First<br>Harry   | MI<br>W   | Contribution ID #<br>0091           |
| Residential Street Address<br>151 Stanwich Rd   | City<br>Greenwich  | State<br>CT   | Zip Code<br>06830                   |
| Principal Occupation<br>Consultant  | Name of Employer<br>Stanwich Group LLC   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Amount of Contribution  |  |   |                                     |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/19/2014   | Aggregate Contributions<br>\$100.00 |
|   |  |   | \$100.00                            |

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| Last Name<br>Guo  | First<br>Dongdong  | MI  | Contribution ID #<br>0092         |
| Residential Street Address<br>252 Cove Rd   | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation<br>Student   | Name of Employer   |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Amount of Contribution  |  |   |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/19/2014   | Aggregate Contributions<br>\$5.00 |
|   |  |   | \$5.00                            |

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| Last Name<br>Guo  | First<br>Dungmian  | MI  | Contribution ID #<br>0093         |
| Residential Street Address<br>252 Cove Rd   | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation  | Name of Employer   |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Amount of Contribution  |  |   |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/19/2014   | Aggregate Contributions<br>\$5.00 |
|   |  |   | \$5.00                            |

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| Last Name<br>Guo  | First<br>Dingxia   | MI  | Contribution ID #<br>0094         |
| Residential Street Address<br>252 Cove Rd   | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation  | Name of Employer   |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Amount of Contribution  |  |   |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/19/2014   | Aggregate Contributions<br>\$5.00 |
|   |  |   | \$5.00                            |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |                  |  |                                  |
|--|------------------|--|----------------------------------|
| Last Name<br>Zhyang  | First<br>Shaozhu | MI   | Contribution ID #<br>0095        |
| Residential Street Address<br>252 Cove Rd  | City<br>Stamford | State<br>CT  | Zip Code<br>06902                |
| Principal Occupation   | Name of Employer |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                  |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |                  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/19/2014      |
|  |                  | Aggregate Contributions<br>\$5.00  | Amount of Contribution<br>\$5.00 |

|  |                  |  |                                  |
|--|------------------|--|----------------------------------|
| Last Name<br>Guo   | First<br>Serena  | MI   | Contribution ID #<br>0096        |
| Residential Street Address<br>252 Cove Rd  | City<br>Stamford | State<br>CT  | Zip Code<br>06902                |
| Principal Occupation   | Name of Employer |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                  |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |                  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/19/2014      |
|  |                  | Aggregate Contributions<br>\$5.00  | Amount of Contribution<br>\$5.00 |

|  |                  |  |                                   |
|--|------------------|--|-----------------------------------|
| Last Name<br>Corpuz  | First<br>Chico   | MI   | Contribution ID #<br>0098         |
| Residential Street Address<br>34 Powell Pl   | City<br>Stamford | State<br>CT  | Zip Code<br>06902                 |
| Principal Occupation<br>Medical Assistant  | Name of Employer |  |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |                  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/20/2014       |
|  |                  | Aggregate Contributions<br>\$20.00   | Amount of Contribution<br>\$20.00 |

|  |                        |  |                                  |
|--|------------------------|--|----------------------------------|
| Last Name<br>Mazzucco  | First<br>Penny         | MI<br>J  | Contribution ID #<br>0101        |
| Residential Street Address<br>14 Ledge Ter   | City<br>Stamford       | State<br>CT  | Zip Code<br>06905                |
| Principal Occupation   | Name of Employer<br>NA |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                        | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                  |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |                        | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/22/2014      |
|  |                        | Aggregate Contributions<br>\$5.00  | Amount of Contribution<br>\$5.00 |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| Last Name<br>Fulton III   | First<br>William   | MI<br>F   | Contribution ID #<br>0099         |
| Residential Street Address<br>145 W Haviland Ln   | City<br>Stamford   | State<br>CT   | Zip Code<br>06903                 |
| Principal Occupation<br>Research Analyst  | Name of Employer<br>EAC  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Amount of Contribution  |  |   |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/22/2014   | Aggregate Contributions<br>\$5.00 |
|   |  |   | \$5.00                            |

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| Last Name<br>Grebey   | First<br>Marilyn   | MI  | Contribution ID #<br>0100         |
| Residential Street Address<br>20 Round Hill Dr  | City<br>Stamford   | State<br>CT   | Zip Code<br>06903                 |
| Principal Occupation<br>retired   | Name of Employer   |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Amount of Contribution  |  |   |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/22/2014   | Aggregate Contributions<br>\$5.00 |
|   |  |   | \$5.00                            |

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| Last Name<br>Khetan   | First<br>Kapil   | MI  | Contribution ID #<br>0102         |
| Residential Street Address<br>446 Wire Mill Rd  | City<br>Stamford   | State<br>CT   | Zip Code<br>06903                 |
| Principal Occupation<br>Professor   | Name of Employer<br>New York University  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Amount of Contribution  |  |   |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/22/2014   | Aggregate Contributions<br>\$5.00 |
|   |  |   | \$5.00                            |

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| Last Name<br>McLean   | First<br>Ian   | MI<br>B   | Contribution ID #<br>0103         |
| Residential Street Address<br>14 Prince   | City<br>New York   | State<br>NY   | Zip Code<br>10012                 |
| Principal Occupation<br>Analyst   | Name of Employer<br>Highstar Capital   |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Amount of Contribution  |  |   |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/22/2014   | Aggregate Contributions<br>\$5.00 |
|   |  |   | \$5.00                            |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Lauture   | First<br>Chrystele   | MI  | Contribution ID #<br>0104         |
| Residential Street Address<br>307 Bridge St  | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation<br>Project Manager  | Name of Employer<br>Eunice Communications  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/22/2014   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Ferraro   | First<br>Christina   | MI  | Contribution ID #<br>0105         |
| Residential Street Address<br>307 Bridge St  | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation<br>Sr. Marketing Specialist   | Name of Employer<br>Charter Communications   |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/22/2014   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Rosen   | First<br>Susan   | MI  | Contribution ID #<br>0106         |
| Residential Street Address<br>30 Lancaster Pl  | City<br>Stamford   | State<br>CT   | Zip Code<br>06905                 |
| Principal Occupation<br>housewife  | Name of Employer   |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/22/2014   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Sullivan  | First<br>Kenneth   | MI<br>A   | Contribution ID #<br>0107         |
| Residential Street Address<br>239 Courtland Ave  | City<br>Stamford   | State<br>CT   | Zip Code<br>06906                 |
| Principal Occupation<br>Pastor   | Name of Employer<br>Grace EFC  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/22/2014   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |                          |  |  |
|--|--------------------------|--|--|
| Last Name<br>Pape  | First<br>Glen            | MI<br>J  | Contribution ID #<br>0108  |
| Residential Street Address<br>255 Strawberry Hill Ave Unit A-4   | City<br>Stamford         | State<br>CT  | Zip Code<br>06902  |
| Principal Occupation<br>Advertising Sales  | Name of Employer<br>YUME |  |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                          | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |                          | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Amount of Contribution<br>Date Received<br>03/22/2014<br>Aggregate Contributions<br>\$5.00<br>\$5.00 |

|  |   |  |  |
|--|---|--|--|
| Last Name<br>Behan   | First<br>Michael                          | MI<br>CT   | Contribution ID #<br>0109  |
| Residential Street Address<br>50 Forest St   | City<br>Stamford                          | State<br>CT  | Zip Code<br>06902  |
| Principal Occupation<br>Branch manager   | Name of Employer<br>Enterprise Rent-A-Car |  |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Amount of Contribution<br>Date Received<br>03/22/2014<br>Aggregate Contributions<br>\$5.00<br>\$5.00 |

|  |   |  |  |
|--|---|--|--|
| Last Name<br>Kostiuk   | First<br>Patricia                       | MI<br>K  | Contribution ID #<br>0110  |
| Residential Street Address<br>71 Strawberry Hill Ave Apt 606   | City<br>Stamford                        | State<br>CT  | Zip Code<br>06902  |
| Principal Occupation<br>Administrative Assistant   | Name of Employer<br>Northwestern Mutual |  |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Amount of Contribution<br>Date Received<br>03/22/2014<br>Aggregate Contributions<br>\$5.00<br>\$5.00 |

|  |                                |  |  |
|--|--------------------------------|--|--|
| Last Name<br>Hawley  | First<br>Rebecca               | MI<br>A  | Contribution ID #<br>0111  |
| Residential Street Address<br>20 North St  | City<br>Stamford               | State<br>CT  | Zip Code<br>06902  |
| Principal Occupation<br>Designer   | Name of Employer<br>Brandlogic |  |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |                                | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Amount of Contribution<br>Date Received<br>03/22/2014<br>Aggregate Contributions<br>\$5.00<br>\$5.00 |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Morris  | First<br>Anthony   | MI<br>W   | Contribution ID #<br>0112         |
| Residential Street Address<br>154 Coldspring Rd # 73   | City<br>Stamford   | State<br>CT   | Zip Code<br>06905                 |
| Principal Occupation<br>Promoter   | Name of Employer<br>self employed  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/22/2014   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Corbalis  | First<br>Ryan  | MI<br>P   | Contribution ID #<br>0113         |
| Residential Street Address<br>140 Hoyt St  | City<br>Stamford   | State<br>CT   | Zip Code<br>06905                 |
| Principal Occupation<br>Administration   | Name of Employer<br>Sacred Heart University  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/22/2014   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Ferraro   | First<br>Joseph  | MI  | Contribution ID #<br>0114         |
| Residential Street Address<br>48 Eastover Rd   | City<br>Stamford   | State<br>CT   | Zip Code<br>06905                 |
| Principal Occupation<br>Attorney   | Name of Employer<br>self   |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/22/2014   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Feeny   | First<br>Paul  | MI<br>W   | Contribution ID #<br>0115         |
| Residential Street Address<br>369 Woodbine Rd  | City<br>Stamford   | State<br>CT   | Zip Code<br>06903                 |
| Principal Occupation<br>Executive Recruiter  | Name of Employer<br>Intelsearch  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/22/2014   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |                                   |   |                                   |
|---|-----------------------------------|---|-----------------------------------|
| Last Name<br>Cullen   | First<br>Brian                    | MI<br>J   | Contribution ID #<br>0116         |
| Residential Street Address<br>60 Stanton Ln   | City<br>Stamford                  | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation<br>Sales   | Name of Employer<br>Baron Capital |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  |                                   | Date Received<br>03/22/2014   | Aggregate Contributions<br>\$5.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card  |                                   | Amount of Contribution<br>\$5.00  |                                   |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Eagan  | First<br>John                                  | MI<br>P   | Contribution ID #<br>0119          |
| Residential Street Address<br>283 Bridge St   | City<br>Stamford                               | State<br>CT   | Zip Code<br>06905                  |
| Principal Occupation<br>VP Creative Director  | Name of Employer<br>Sidney Frank Importing CO. |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  |  | Date Received<br>03/23/2014   | Aggregate Contributions<br>\$20.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card  |  | Amount of Contribution<br>\$20.00   |                                    |

|   |                                   |   |                                   |
|---|-----------------------------------|---|-----------------------------------|
| Last Name<br>Yancy  | First<br>Slade                    | MI  | Contribution ID #<br>0118         |
| Residential Street Address<br>1450 Washington Blvd # 4125   | City<br>Stamford                  | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation<br>Sales Manager   | Name of Employer<br>Merrill Lynch |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  |                                   | Date Received<br>03/23/2014   | Aggregate Contributions<br>\$5.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card  |                                   | Amount of Contribution<br>\$5.00  |                                   |

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| Last Name<br>Esposito   | First<br>Lena                                | MI  | Contribution ID #<br>0120         |
| Residential Street Address<br>26 Strawberry Hill Ave  | City<br>Stamford                             | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation  | Name of Employer<br>Albert Einstein Hospital |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  |  | Date Received<br>03/23/2014   | Aggregate Contributions<br>\$5.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card  |  | Amount of Contribution<br>\$5.00  |                                   |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| Last Name<br>Cassell  | First<br>Whitney   | MI<br>E   | Contribution ID #<br>0121         |
| Residential Street Address<br>966 Sunset Rd   | City<br>Stamford   | State<br>CT   | Zip Code<br>06903                 |
| Principal Occupation  | Name of Employer<br>Strictly Accounting  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/23/2014   | Aggregate Contributions<br>\$5.00 |
|   |  | Amount of Contribution<br>\$5.00  |                                   |

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| Last Name<br>Weisel   | First<br>Amanda  | MI<br>B   | Contribution ID #<br>0122         |
| Residential Street Address<br>96 Lawrence Hill Rd   | City<br>Stamford   | State<br>CT   | Zip Code<br>06903                 |
| Principal Occupation<br>student   | Name of Employer<br>Westhill High School   |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/23/2014   | Aggregate Contributions<br>\$5.00 |
|   |  | Amount of Contribution<br>\$5.00  |                                   |

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| Last Name<br>Evanko   | First<br>Shannon   | MI<br>E   | Contribution ID #<br>0123         |
| Residential Street Address<br>56 High Clear Dr  | City<br>Stamford   | State<br>CT   | Zip Code<br>06905                 |
| Principal Occupation<br>manager   | Name of Employer<br>CRG  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/23/2014   | Aggregate Contributions<br>\$5.00 |
|   |  | Amount of Contribution<br>\$5.00  |                                   |

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| Last Name<br>Garcia   | First<br>Linicio   | MI  | Contribution ID #<br>0117         |
| Residential Street Address<br>72 Spruce St  | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation<br>Receiving Manager   | Name of Employer<br>Brooks Brothers  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/23/2014   | Aggregate Contributions<br>\$5.00 |
|   |  | Amount of Contribution<br>\$5.00  |                                   |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| Last Name<br>Cuzzocreo  | First<br>Jamie   | MI  | Contribution ID #<br>0124         |
| Residential Street Address<br>121 W Hill Rd   | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation<br>Golf Pro  | Name of Employer<br>self-employed  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Amount of Contribution  |  |   |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/23/2014   | Aggregate Contributions<br>\$5.00 |
|   |  |   | \$5.00                            |

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| Last Name<br>Dering   | First<br>Meghan  | MI<br>P   | Contribution ID #<br>0125         |
| Residential Street Address<br>33 Edgewood Ave   | City<br>Stamford   | State<br>CT   | Zip Code<br>06907                 |
| Principal Occupation  | Name of Employer   |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Amount of Contribution  |  |   |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/23/2014   | Aggregate Contributions<br>\$5.00 |
|   |  |   | \$5.00                            |

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| Last Name<br>Dimyan   | First<br>Mina  | MI<br>A   | Contribution ID #<br>0126         |
| Residential Street Address<br>91 Strawberry Hill Ave  | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation<br>Talent Sourcer  | Name of Employer<br>Bloomberg  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Amount of Contribution  |  |   |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/23/2014   | Aggregate Contributions<br>\$5.00 |
|   |  |   | \$5.00                            |

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| Last Name<br>Berning  | First<br>Stacy   | MI  | Contribution ID #<br>0127         |
| Residential Street Address<br>150 Southfield Ave # 2338   | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation<br>nanny   | Name of Employer   |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Amount of Contribution  |  |   |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/23/2014   | Aggregate Contributions<br>\$5.00 |
|   |  |   | \$5.00                            |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |  |                                   |
|--|--|--|-----------------------------------|
| Last Name<br>Genter  | First<br>Elizabeth   | MI   | Contribution ID #<br>0128         |
| Residential Street Address<br>241-09 Hamilton Ave  | City<br>Stamford   | State<br>CT  | Zip Code<br>06905                 |
| Principal Occupation<br>retired  | Name of Employer   |  |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/23/2014  | Aggregate Contributions<br>\$5.00 |
|  |  |  | Amount of Contribution<br>\$5.00  |

|  |  |  |                                   |
|--|--|--|-----------------------------------|
| Last Name<br>Rivera  | First<br>Nathaniel   | MI<br>D  | Contribution ID #<br>0129         |
| Residential Street Address<br>1 Southfield Ave Apt 312   | City<br>Stamford   | State<br>CT  | Zip Code<br>06902                 |
| Principal Occupation<br>Tech Director  | Name of Employer<br>Boys & Girls Club of Stamford  |  |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/23/2014  | Aggregate Contributions<br>\$5.00 |
|  |  |  | Amount of Contribution<br>\$5.00  |

|  |  |  |                                   |
|--|--|--|-----------------------------------|
| Last Name<br>Ngo   | First<br>Kenny   | MI   | Contribution ID #<br>0130         |
| Residential Street Address<br>370 Strawberry Hill Ave  | City<br>Stamford   | State<br>CT  | Zip Code<br>06902                 |
| Principal Occupation<br>student  | Name of Employer<br>NCC  |  |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/23/2014  | Aggregate Contributions<br>\$5.00 |
|  |  |  | Amount of Contribution<br>\$5.00  |

|  |  |  |                                   |
|--|--|--|-----------------------------------|
| Last Name<br>Moran   | First<br>Katie   | MI<br>J  | Contribution ID #<br>0131         |
| Residential Street Address<br>120 Strawberry Hill Ave Apt 104  | City<br>Stamford   | State<br>CT  | Zip Code<br>06902                 |
| Principal Occupation<br>IT   | Name of Employer<br>Club Quarters  |  |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/23/2014  | Aggregate Contributions<br>\$5.00 |
|  |  |  | Amount of Contribution<br>\$5.00  |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |                                     |   |                                   |
|---|-------------------------------------|---|-----------------------------------|
| Last Name<br>Ebersol  | First<br>Kaitlin                    | MI<br>G   | Contribution ID #<br>0132         |
| Residential Street Address<br>369 Woodbine Rd   | City<br>Stamford                    | State<br>CT   | Zip Code<br>06903                 |
| Principal Occupation<br>nanny   | Name of Employer<br>NY Nanny Center |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                     | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  |                                     | Date Received<br>03/23/2014   | Aggregate Contributions<br>\$5.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card  |                                     | Amount of Contribution<br>\$5.00  |                                   |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Simmons  | First<br>Sara                            | MI<br>NY  | Contribution ID #<br>0134           |
| Residential Street Address<br>15 Charles St Apt 8F  | City<br>New York                         | State<br>NY   | Zip Code<br>10014                   |
| Principal Occupation<br>Teacher   | Name of Employer<br>The Episcopal School |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  |  | Date Received<br>03/24/2014   | Aggregate Contributions<br>\$100.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card  |  | Amount of Contribution<br>\$100.00  |                                     |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Bartow III   | First<br>Philip                                  | MI<br>K   | Contribution ID #<br>0135           |
| Residential Street Address<br>15 Charles St Apt 8F  | City<br>New York                                 | State<br>NY   | Zip Code<br>10014                   |
| Principal Occupation<br>Finance   | Name of Employer<br>Spring Hill Capital Partners |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  |  | Date Received<br>03/24/2014   | Aggregate Contributions<br>\$100.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card  |  | Amount of Contribution<br>\$100.00  |                                     |

|   |                                     |   |                                     |
|---|-------------------------------------|---|-------------------------------------|
| Last Name<br>Schley   | First<br>Daniel                     | MI<br>M   | Contribution ID #<br>0136           |
| Residential Street Address<br>27 Danbury Ln   | City<br>Westport                    | State<br>CT   | Zip Code<br>06880                   |
| Principal Occupation<br>Business  | Name of Employer<br>Dolphin Capital |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                     | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  |                                     | Date Received<br>03/24/2014   | Aggregate Contributions<br>\$100.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card  |                                     | Amount of Contribution<br>\$100.00  |                                     |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Figuroa   | First<br>Brian   | MI  | Contribution ID #<br>0137         |
| Residential Street Address<br>100 Lawn Ave   | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation<br>ANG  | Name of Employer<br>CT National Guard  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/24/2014   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Kolenberg   | First<br>Andrew  | MI  | Contribution ID #<br>0144         |
| Residential Street Address<br>97 Harvest Hill Ln   | City<br>Stamford   | State<br>CT   | Zip Code<br>06905                 |
| Principal Occupation<br>student  | Name of Employer   |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/24/2014   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Leppert   | First<br>Janeen  | MI<br>W   | Contribution ID #<br>0145         |
| Residential Street Address<br>30 Glenbrook Rd  | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation<br>marketing/PR   | Name of Employer<br>Wilton Chamber of Commerce   |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/24/2014   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Crane   | First<br>Ryan  | MI<br>S   | Contribution ID #<br>0138         |
| Residential Street Address<br>71 Strawberry Hill Ave Apt 606   | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation<br>Graphic Design   | Name of Employer<br>Taylor Design  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/24/2014   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| Last Name<br>Greene   | First<br>Frederic  | MI<br>S   | Contribution ID #<br>0141         |
| Residential Street Address<br>26 Main St Apt 2C   | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation<br>Property maintenance  | Name of Employer   |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Amount of Contribution  |  |   |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/24/2014   | Aggregate Contributions<br>\$5.00 |
|   |  |   | \$5.00                            |

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| Last Name<br>Hotti  | First<br>Kaplaan   | MI<br>CT  | Contribution ID #<br>0133         |
| Residential Street Address<br>89 Euclid Ave   | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation  | Name of Employer<br>Riverside Limo   |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Amount of Contribution  |  |   |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/24/2014   | Aggregate Contributions<br>\$5.00 |
|   |  |   | \$5.00                            |

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| Last Name<br>King   | First<br>Melissa   | MI<br>K   | Contribution ID #<br>0142         |
| Residential Street Address<br>28 Belltown Rd  | City<br>Stamford   | State<br>CT   | Zip Code<br>06905                 |
| Principal Occupation<br>Finance   | Name of Employer<br>RBS  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Amount of Contribution  |  |   |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/24/2014   | Aggregate Contributions<br>\$5.00 |
|   |  |   | \$5.00                            |

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| Last Name<br>Burke  | First<br>Maria   | MI<br>N   | Contribution ID #<br>0143         |
| Residential Street Address<br>322 E 34th St Apt 4D  | City<br>New York   | State<br>NY   | Zip Code<br>10016                 |
| Principal Occupation<br>Designer  | Name of Employer<br>Victoria Hagan Interiors   |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Amount of Contribution  |  |   |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/24/2014   | Aggregate Contributions<br>\$5.00 |
|   |  |   | \$5.00                            |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| Last Name<br>Moran   | First<br>Garrett   | MI<br>M   | Contribution ID #<br>0139           |
| Residential Street Address<br>355 Lake Ave   | City<br>Greenwich  | State<br>CT   | Zip Code<br>06830                   |
| Principal Occupation<br>Manager  | Name of Employer<br>Year UP  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/24/2014   | Aggregate Contributions<br>\$100.00 |
|  |  | Amount of Contribution<br>\$100.00  |                                     |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Wexler  | First<br>Robin   | MI<br>A   | Contribution ID #<br>0140         |
| Residential Street Address<br>139 Rolling Wood Dr  | City<br>Stamford   | State<br>CT   | Zip Code<br>06905                 |
| Principal Occupation<br>Director, Marketing & PR   | Name of Employer<br>Stamford Museum & Nature Center  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/24/2014   | Aggregate Contributions<br>\$5.00 |
|  |  | Amount of Contribution<br>\$5.00  |                                   |

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| Last Name<br>Conroy  | First<br>Alexus  | MI<br>C   | Contribution ID #<br>0162           |
| Residential Street Address<br>1078 Saco Hill Rd  | City<br>Fairfield  | State<br>CT   | Zip Code<br>06824                   |
| Principal Occupation<br>Real Estate Developer  | Name of Employer<br>self employed  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/25/2014   | Aggregate Contributions<br>\$100.00 |
|  |  | Amount of Contribution<br>\$100.00  |                                     |

|  |  |   |                                    |
|--|--|---|------------------------------------|
| Last Name<br>Hodler  | First<br>Nicholas  | MI<br>P   | Contribution ID #<br>0164          |
| Residential Street Address<br>30 Fifth Ave # 10G   | City<br>New York   | State<br>NY   | Zip Code<br>10011                  |
| Principal Occupation<br>Consultant   | Name of Employer<br>BCG  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/25/2014   | Aggregate Contributions<br>\$40.00 |
|  |  | Amount of Contribution<br>\$40.00   |                                    |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |
|--|--|---|------------------------------------|
| Last Name<br>Cain  | First<br>Frances   | MI  | Contribution ID #<br>0149          |
| Residential Street Address<br>30 Fifth Ave   | City<br>New York   | State<br>NY   | Zip Code<br>10011                  |
| Principal Occupation<br>Senior Manager   | Name of Employer<br>American Express   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/25/2014   | Aggregate Contributions<br>\$40.00 |
|  |  |   | Amount of Contribution<br>\$40.00  |

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| Last Name<br>Guite   | First<br>Diane   | MI<br>R   | Contribution ID #<br>0150           |
| Residential Street Address<br>102 E 22nd St # 21   | City<br>New York   | State<br>NY   | Zip Code<br>10010                   |
| Principal Occupation<br>Business development   | Name of Employer<br>VTEL   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/25/2014   | Aggregate Contributions<br>\$100.00 |
|  |  |   | Amount of Contribution<br>\$100.00  |

|  |  |   |                                    |
|--|--|---|------------------------------------|
| Last Name<br>Chastain-Chapman  | First<br>Alexander   | MI  | Contribution ID #<br>0158          |
| Residential Street Address<br>80 Park Ave  | City<br>New York   | State<br>NY   | Zip Code<br>10016                  |
| Principal Occupation<br>marketing  | Name of Employer<br>Apollo   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/25/2014   | Aggregate Contributions<br>\$20.00 |
|  |  |   | Amount of Contribution<br>\$20.00  |

|  |  |   |                                    |
|--|--|---|------------------------------------|
| Last Name<br>Conrad  | First<br>Elizabeth   | MI  | Contribution ID #<br>0163          |
| Residential Street Address<br>58 Weed Hill Ave   | City<br>Stamford   | State<br>CT   | Zip Code<br>06907                  |
| Principal Occupation<br>Sales Associate  | Name of Employer<br>Weichert Realtors  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/25/2014   | Aggregate Contributions<br>\$10.00 |
|  |  |   | Amount of Contribution<br>\$10.00  |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| Last Name<br>Litchen  | First<br>Vassil  | MI  | Contribution ID #<br>0151         |
| Residential Street Address<br>163 Franklin St   | City<br>Stamford   | State<br>CT   | Zip Code<br>06901                 |
| Principal Occupation  | Name of Employer<br>UBS  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/25/2014   | Aggregate Contributions<br>\$5.00 |
|   |  |   | Amount of Contribution<br>\$5.00  |

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| Last Name<br>Velaj  | First<br>Kened   | MI  | Contribution ID #<br>0152         |
| Residential Street Address<br>9 Soundview Dr  | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation<br>sales   | Name of Employer<br>J Mason Inc  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/25/2014   | Aggregate Contributions<br>\$5.00 |
|   |  |   | Amount of Contribution<br>\$5.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Keleher  | First<br>Randall   | MI<br>M   | Contribution ID #<br>0153          |
| Residential Street Address<br>105 Bayberrie Dr  | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                  |
| Principal Occupation<br>Real Estate   | Name of Employer<br>Keller Williams  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/25/2014   | Aggregate Contributions<br>\$10.00 |
|   |  |   | Amount of Contribution<br>\$10.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Keleher  | First<br>Diane   | MI  | Contribution ID #<br>0154          |
| Residential Street Address<br>105 Bayberrie Dr  | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                  |
| Principal Occupation<br>Receptionist  | Name of Employer<br>Jeff Weinberger  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/25/2014   | Aggregate Contributions<br>\$10.00 |
|   |  |   | Amount of Contribution<br>\$10.00  |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Sorensen   | First<br>Parry Daniel  | MI  | Contribution ID #<br>0155          |
| Residential Street Address<br>9 E 16th St Apt 3B  | City<br>New York   | State<br>NY   | Zip Code<br>10003                  |
| Principal Occupation  | Name of Employer<br>Lazard   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/25/2014   | Aggregate Contributions<br>\$20.00 |
|   |  |   | Amount of Contribution<br>\$20.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Picerno  | First<br>Ken   | MI  | Contribution ID #<br>0156          |
| Residential Street Address<br>69 Broadway   | City<br>Milford  | State<br>CT   | Zip Code<br>06460                  |
| Principal Occupation<br>owner   | Name of Employer<br>Honey Buy Sell   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/25/2014   | Aggregate Contributions<br>\$10.00 |
|   |  |   | Amount of Contribution<br>\$10.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Tidgwell   | First<br>Conor   | MI  | Contribution ID #<br>0157          |
| Residential Street Address<br>154 Ocean Dr E  | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                  |
| Principal Occupation<br>Underwriting  | Name of Employer<br>GE Capital   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/25/2014   | Aggregate Contributions<br>\$20.00 |
|   |  |   | Amount of Contribution<br>\$20.00  |

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| Last Name<br>Bell   | First<br>Cynthia   | MI  | Contribution ID #<br>0146         |
| Residential Street Address<br>198 W Haviland Ln   | City<br>Stamford   | State<br>CT   | Zip Code<br>06903                 |
| Principal Occupation  | Name of Employer<br>na   |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/25/2014   | Aggregate Contributions<br>\$5.00 |
|   |  |   | Amount of Contribution<br>\$5.00  |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |
|--|--|---|------------------------------------|
| Last Name<br>Petersen  | First<br>Frederick   | MI<br>J   | Contribution ID #<br>0159          |
| Residential Street Address<br>77 Nottingham Dr   | City<br>Stamford   | State<br>CT   | Zip Code<br>06907                  |
| Principal Occupation<br>Instructor   | Name of Employer<br>Norwalk Community College  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/25/2014   | Aggregate Contributions<br>\$10.00 |
|  |  | Amount of Contribution<br>\$10.00   |                                    |

|  |  |   |                                    |
|--|--|---|------------------------------------|
| Last Name<br>Petersen  | First<br>Ellen   | MI<br>M   | Contribution ID #<br>0160          |
| Residential Street Address<br>77 Nottingham Dr   | City<br>Stamford   | State<br>CT   | Zip Code<br>06907                  |
| Principal Occupation<br>Asst. Town Clerk   | Name of Employer<br>Town of New Canaan   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/25/2014   | Aggregate Contributions<br>\$25.00 |
|  |  | Amount of Contribution<br>\$25.00   |                                    |

|  |  |   |                                    |
|--|--|---|------------------------------------|
| Last Name<br>Petersen  | First<br>Alexa   | MI<br>K   | Contribution ID #<br>0161          |
| Residential Street Address<br>77 Nottingham Dr   | City<br>Stamford   | State<br>CT   | Zip Code<br>06907                  |
| Principal Occupation<br>Interim program assistant  | Name of Employer<br>Council of Foreign Relations   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/25/2014   | Aggregate Contributions<br>\$40.00 |
|  |  | Amount of Contribution<br>\$40.00   |                                    |

|  |  |   |                                    |
|--|--|---|------------------------------------|
| Last Name<br>Reich   | First<br>Erwin   | MI<br>A   | Contribution ID #<br>0147          |
| Residential Street Address<br>27 Holbrook Dr   | City<br>Stamford   | State<br>CT   | Zip Code<br>06906                  |
| Principal Occupation<br>retired  | Name of Employer<br>NA   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/25/2014   | Aggregate Contributions<br>\$10.00 |
|  |  | Amount of Contribution<br>\$10.00   |                                    |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |
|--|--|---|------------------------------------|
| Last Name<br>Urbank  | First<br>Katherine   | MI<br>S   | Contribution ID #<br>0148          |
| Residential Street Address<br>227 Brookdale Rd   | City<br>Stamford   | State<br>CT   | Zip Code<br>06903                  |
| Principal Occupation<br>consultant   | Name of Employer<br>self   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/25/2014   | Aggregate Contributions<br>\$15.00 |
|  |  | Amount of Contribution<br>\$15.00   |                                    |

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| Last Name<br>Bloch   | First<br>Stanley   | MI<br>E   | Contribution ID #<br>0166           |
| Residential Street Address<br>340 E 64th St Apt 12N  | City<br>New York   | State<br>NY   | Zip Code<br>10065                   |
| Principal Occupation<br>Attorney   | Name of Employer<br>Seyfarth Shaw LLP  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/26/2014   | Aggregate Contributions<br>\$100.00 |
|  |  | Amount of Contribution<br>\$100.00  |                                     |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Claps   | First<br>Janice  | MI<br>M   | Contribution ID #<br>0167         |
| Residential Street Address<br>13 Summit Ridge Rd   | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation<br>Small Business/Deli  | Name of Employer<br>Spring Summer Assoc  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/26/2014   | Aggregate Contributions<br>\$5.00 |
|  |  | Amount of Contribution<br>\$5.00  |                                   |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Claps   | First<br>Joseph  | MI<br>R   | Contribution ID #<br>0168         |
| Residential Street Address<br>13 Summit Ridge Rd   | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation<br>Husband  | Name of Employer<br>Spring Summer Assoc  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/26/2014   | Aggregate Contributions<br>\$5.00 |
|  |  | Amount of Contribution<br>\$5.00  |                                   |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |                        |  |                                   |
|--|------------------------|--|-----------------------------------|
| Last Name<br>Beyda   | First<br>Samantha      | MI<br>J  | Contribution ID #<br>0165         |
| Residential Street Address<br>4853 Rockwood Pkwy NW  | City<br>Washington     | State<br>DC  | Zip Code<br>20016                 |
| Principal Occupation<br>Law Student  | Name of Employer<br>NA |  |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                        | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |                        | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/26/2014       |
|  |                        | Aggregate Contributions<br>\$20.00   | Amount of Contribution<br>\$20.00 |

|  |                          |  |                                  |
|--|--------------------------|--|----------------------------------|
| Last Name<br>Thompson Pride  | First<br>Ryan            | MI<br>J  | Contribution ID #<br>0181        |
| Residential Street Address<br>20 Spruce St Unit 11   | City<br>Stamford         | State<br>CT  | Zip Code<br>06902                |
| Principal Occupation<br>baker  | Name of Employer<br>FLEA |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                          | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                  |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |                          | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/27/2014      |
|  |                          | Aggregate Contributions<br>\$5.00  | Amount of Contribution<br>\$5.00 |

|  |                                   |  |                                  |
|--|-----------------------------------|--|----------------------------------|
| Last Name<br>Loftus  | First<br>Kari                     | MI   | Contribution ID #<br>0182        |
| Residential Street Address<br>85 Camp Ave  | City<br>Stamford                  | State<br>CT  | Zip Code<br>06907                |
| Principal Occupation<br>marketing  | Name of Employer<br>Nestle waters |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                  |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |                                   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/27/2014      |
|  |                                   | Aggregate Contributions<br>\$5.00  | Amount of Contribution<br>\$5.00 |

|  |                                 |  |                                  |
|--|---------------------------------|--|----------------------------------|
| Last Name<br>Jackson   | First<br>Dorye                  | MI<br>E  | Contribution ID #<br>0183        |
| Residential Street Address<br>458 Wire Mill Rd   | City<br>Stamford                | State<br>CT  | Zip Code<br>06903                |
| Principal Occupation   | Name of Employer<br>state of CT |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                 | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                  |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |                                 | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/27/2014      |
|  |                                 | Aggregate Contributions<br>\$5.00  | Amount of Contribution<br>\$5.00 |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| Last Name<br>Vince   | First<br>Jennifer  | MI<br>A   | Contribution ID #<br>0179           |
| Residential Street Address<br>1255 25th St NW  | City<br>Washington   | State<br>DC   | Zip Code<br>20016                   |
| Principal Occupation<br>Public Relations   | Name of Employer<br>H&K Strategies   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/27/2014   | Aggregate Contributions<br>\$100.00 |
|  |  |   | Amount of Contribution<br>\$100.00  |

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| Last Name<br>Vince   | First<br>Clinton   | MI<br>A   | Contribution ID #<br>0174           |
| Residential Street Address<br>5015 Overlook Rd NW  | City<br>Washington   | State<br>DC   | Zip Code<br>20016                   |
| Principal Occupation<br>Lawyer   | Name of Employer<br>Dentons  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/27/2014   | Aggregate Contributions<br>\$100.00 |
|  |  |   | Amount of Contribution<br>\$100.00  |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Doerr   | First<br>Ryan  | MI<br>S   | Contribution ID #<br>0184         |
| Residential Street Address<br>4259 Coronado Ave  | City<br>San Diego  | State<br>CA   | Zip Code<br>92103                 |
| Principal Occupation<br>GM   | Name of Employer<br>Coronado Brewing Company   |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/27/2014   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Doerr   | First<br>Quinn   | MI<br>M   | Contribution ID #<br>0185         |
| Residential Street Address<br>4259 Coronado Ave  | City<br>San Diego  | State<br>CA   | Zip Code<br>92107                 |
| Principal Occupation<br>Bartender  | Name of Employer<br>Miguels Restaurant   |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/27/2014   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |                                       |   |                                   |
|---|---------------------------------------|---|-----------------------------------|
| Last Name<br>Lentz  | First<br>Caitlin                      | MI<br>J   | Contribution ID #<br>0186         |
| Residential Street Address<br>4259 Coronado Ave   | City<br>San Diego                     | State<br>CA   | Zip Code<br>92107                 |
| Principal Occupation<br>Marriott  | Name of Employer<br>La Jolla Marriott |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                       | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  |                                       | Date Received<br>03/27/2014   | Aggregate Contributions<br>\$5.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card  |                                       | Amount of Contribution<br>\$5.00  |                                   |

|   |                              |   |                                   |
|---|------------------------------|---|-----------------------------------|
| Last Name<br>Paihru   | First<br>Jorge               | MI<br>CA  | Contribution ID #<br>0187         |
| Residential Street Address<br>6655 Canyon Rim Row   | City<br>San Diego            | State<br>CA   | Zip Code<br>92111                 |
| Principal Occupation<br>Aircraft mechanic   | Name of Employer<br>Crownair |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                              | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  |                              | Date Received<br>03/27/2014   | Aggregate Contributions<br>\$5.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card  |                              | Amount of Contribution<br>\$5.00  |                                   |

|   |   |   |                                    |
|---|---|---|------------------------------------|
| Last Name<br>McCarthy   | First<br>Mieka Eileen                   | MI<br>CA  | Contribution ID #<br>0188          |
| Residential Street Address<br>4664 Cape May   | City<br>San Diego                       | State<br>CA   | Zip Code<br>92107                  |
| Principal Occupation<br>RN  | Name of Employer<br>UCSD Medical Center |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  |   | Date Received<br>03/27/2014   | Aggregate Contributions<br>\$10.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card  |   | Amount of Contribution<br>\$10.00   |                                    |

|   |                          |   |                                   |
|---|--------------------------|---|-----------------------------------|
| Last Name<br>Doerr  | First<br>Stephen         | MI<br>E   | Contribution ID #<br>0189         |
| Residential Street Address<br>4531 Santa Cruz Ave   | City<br>San Diego        | State<br>CA   | Zip Code<br>92107                 |
| Principal Occupation<br>mail carrier  | Name of Employer<br>USPS |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                          | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  |                          | Date Received<br>03/27/2014   | Aggregate Contributions<br>\$5.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card  |                          | Amount of Contribution<br>\$5.00  |                                   |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| Last Name<br>McInerney  | First<br>Kaila   | MI  | Contribution ID #<br>0190         |
| Residential Street Address<br>1029 Cordona St   | City<br>San Diego  | State<br>CA   | Zip Code<br>92107                 |
| Principal Occupation<br>Server  | Name of Employer<br>Old Venice Restaurant  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/27/2014   | Aggregate Contributions<br>\$5.00 |
|   |  |   | Amount of Contribution<br>\$5.00  |

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| Last Name<br>Beckman  | First<br>John  | MI  | Contribution ID #<br>0191         |
| Residential Street Address<br>14834 Maywood Dr  | City<br>Chino Hills  | State<br>CA   | Zip Code<br>91709                 |
| Principal Occupation<br>retired   | Name of Employer<br>retired  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/27/2014   | Aggregate Contributions<br>\$5.00 |
|   |  |   | Amount of Contribution<br>\$5.00  |

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| Last Name<br>Beckman  | First<br>Joanne  | MI<br>H   | Contribution ID #<br>0192         |
| Residential Street Address<br>14834 Maywood Dr  | City<br>Chino Hills  | State<br>CA   | Zip Code<br>91709                 |
| Principal Occupation<br>teacher   | Name of Employer<br>retired  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/27/2014   | Aggregate Contributions<br>\$5.00 |
|   |  |   | Amount of Contribution<br>\$5.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>McCarthy   | First<br>Anne Sharon   | MI  | Contribution ID #<br>0193           |
| Residential Street Address<br>4553 Tivoli St  | City<br>San Diego  | State<br>CA   | Zip Code<br>92107                   |
| Principal Occupation<br>RN  | Name of Employer<br>UCSD Medical Center  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/27/2014   | Aggregate Contributions<br>\$100.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>McCarthy  | First<br>John Michael  | MI  | Contribution ID #<br>0194         |
| Residential Street Address<br>4553 Tivoli St   | City<br>San Diego  | State<br>CA   | Zip Code<br>92107                 |
| Principal Occupation<br>Adjunct Professor  | Name of Employer<br>University of San Diego  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/27/2014   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>McCarthy  | First<br>Patrick Michael   | MI  | Contribution ID #<br>0195         |
| Residential Street Address<br>4553 Tivoli St   | City<br>San Diego  | State<br>CA   | Zip Code<br>92107                 |
| Principal Occupation<br>Server   | Name of Employer<br>Venetian restaurant  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/27/2014   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Stack   | First<br>Therese   | MI  | Contribution ID #<br>0169         |
| Residential Street Address<br>4076 Randolph St   | City<br>San Diego  | State<br>CA   | Zip Code<br>92103                 |
| Principal Occupation<br>RN   | Name of Employer<br>UCSD Medical Center  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/27/2014   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Chin  | First<br>Vicki   | MI  | Contribution ID #<br>0170         |
| Residential Street Address<br>3240 Curlew  | City<br>San Diego  | State<br>CA   | Zip Code<br>92103                 |
| Principal Occupation<br>RN   | Name of Employer<br>UCSD Medical Center  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/27/2014   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Raum</b>   | First<br><b>Adam</b>   | MI<br><b>D</b>                          | Contribution ID #<br><b>0171</b>         |
| Residential Street Address<br><b>4664 Cape May</b>   | City<br><b>San Diego</b>   | State<br><b>CA</b>                      | Zip Code<br><b>92103</b>                 |
| Principal Occupation   | Name of Employer   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | Amount of Contribution                  |  |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/27/2014</b>      | Aggregate Contributions<br><b>\$5.00</b> |
|  |  | Amount of Contribution<br><b>\$5.00</b> |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Wallace-Hafner</b>   | First<br><b>Kathryn</b>  | MI<br><b>A</b>                          | Contribution ID #<br><b>0172</b>         |
| Residential Street Address<br><b>153 D Ave</b>   | City<br><b>Coronado</b>  | State<br><b>CA</b>                      | Zip Code<br><b>92118</b>                 |
| Principal Occupation<br><b>RN</b>  | Name of Employer<br><b>UCSD Medical Center</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | Amount of Contribution                  |  |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/27/2014</b>      | Aggregate Contributions<br><b>\$5.00</b> |
|  |  | Amount of Contribution<br><b>\$5.00</b> |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>McCarthy</b>   | First<br><b>Kevin Neal</b>   | MI                                      | Contribution ID #<br><b>0173</b>         |
| Residential Street Address<br><b>4553 Tivoli St</b>  | City<br><b>San Diego</b>   | State<br><b>CA</b>                      | Zip Code<br><b>92103</b>                 |
| Principal Occupation<br><b>Vet Tech</b>  | Name of Employer<br><b>Sunset Cliffs Animal Hospital</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | Amount of Contribution                  |  |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/27/2014</b>      | Aggregate Contributions<br><b>\$5.00</b> |
|  |  | Amount of Contribution<br><b>\$5.00</b> |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Thompson</b>   | First<br><b>Abbie</b>  | MI<br><b>G</b>                          | Contribution ID #<br><b>0180</b>         |
| Residential Street Address<br><b>20 Spruce St Unit 11</b>  | City<br><b>Stamford</b>  | State<br><b>CT</b>                      | Zip Code<br><b>06902</b>                 |
| Principal Occupation<br><b>accounts payable</b>  | Name of Employer   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | Amount of Contribution                  |  |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/27/2014</b>      | Aggregate Contributions<br><b>\$5.00</b> |
|  |  | Amount of Contribution<br><b>\$5.00</b> |  |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| Last Name<br>Johnson   | First<br>Gary  | MI<br>A   | Contribution ID #<br>0175           |
| Residential Street Address<br>1051 Cedar Rd  | City<br>Southport  | State<br>CT   | Zip Code<br>06890                   |
| Principal Occupation<br>Executive  | Name of Employer<br>Can Capital Inc  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/27/2014   | Aggregate Contributions<br>\$100.00 |
|  |  | Amount of Contribution<br>\$100.00  |                                     |

|  |  |   |                                    |
|--|--|---|------------------------------------|
| Last Name<br>Heaphy  | First<br>Eileen  | MI<br>M   | Contribution ID #<br>0176          |
| Residential Street Address<br>247 Hamilton Ave # 4   | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                  |
| Principal Occupation<br>retired  | Name of Employer<br>retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/27/2014   | Aggregate Contributions<br>\$25.00 |
|  |  | Amount of Contribution<br>\$25.00   |                                    |

|  |  |   |                                    |
|--|--|---|------------------------------------|
| Last Name<br>Reich   | First<br>Veronica  | MI<br>E   | Contribution ID #<br>0177          |
| Residential Street Address<br>27 Holbrook Dr   | City<br>Stamford   | State<br>CT   | Zip Code<br>06906                  |
| Principal Occupation<br>Lawyer   | Name of Employer<br>Bai Pollock  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/27/2014   | Aggregate Contributions<br>\$10.00 |
|  |  | Amount of Contribution<br>\$10.00   |                                    |

|  |  |   |                                    |
|--|--|---|------------------------------------|
| Last Name<br>Ward  | First<br>Karyn   | MI  | Contribution ID #<br>0178          |
| Residential Street Address<br>3 Eureka Ter   | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                  |
| Principal Occupation<br>Exec Assistant   | Name of Employer<br>The Ashforth Company   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/27/2014   | Aggregate Contributions<br>\$50.00 |
|  |  | Amount of Contribution<br>\$50.00   |                                    |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Bloch  | First<br>Abby  | MI<br>S   | Contribution ID #<br>0196           |
| Residential Street Address<br>340 E 64th St Apt 12N   | City<br>New York   | State<br>NY   | Zip Code<br>10065                   |
| Principal Occupation  |  | Name of Employer<br>NA  |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/28/2014   | Aggregate Contributions<br>\$100.00 |
|   |  | Amount of Contribution<br>\$100.00  |                                     |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Heichler   | First<br>Katherine   | MI<br>A   | Contribution ID #<br>0197          |
| Residential Street Address<br>166 Bouton St W   | City<br>Stamford   | State<br>CT   | Zip Code<br>06907                  |
| Principal Occupation<br>Clergy  |  | Name of Employer<br>Church of Christ the Healer   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/28/2014   | Aggregate Contributions<br>\$25.00 |
|   |  | Amount of Contribution<br>\$25.00   |                                    |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Clute  | First<br>Thomas  | MI<br>V   | Contribution ID #<br>0198           |
| Residential Street Address<br>2555 Pennsylvania Ave NW Apt 918  | City<br>Washington   | State<br>DC   | Zip Code<br>20037                   |
| Principal Occupation<br>Analyst   |  | Name of Employer<br>Paladin Capital Group   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/28/2014   | Aggregate Contributions<br>\$100.00 |
|   |  | Amount of Contribution<br>\$100.00  |                                     |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Haggerty   | First<br>William Kevin   | MI  | Contribution ID #<br>0217          |
| Residential Street Address<br>4553 Tivoli St  | City<br>San Diego  | State<br>CA   | Zip Code<br>92107                  |
| Principal Occupation<br>District Manager  |  | Name of Employer  |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/28/2014   | Aggregate Contributions<br>\$75.00 |
|   |  | Amount of Contribution<br>\$75.00   |                                    |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Bova</b>   | First<br><b>Matthew</b>  | MI<br><b>S</b>  | Contribution ID #<br><b>0199</b>         |
| Residential Street Address<br><b>177 Belltown Rd</b>   | City<br><b>Stamford</b>  | State<br><b>CT</b>  | Zip Code<br><b>06905</b>                 |
| Principal Occupation<br><b>Customer Service Facilitator</b>  | Name of Employer<br><b>Rawago Americas LLC</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/28/2014</b>  | Aggregate Contributions<br><b>\$5.00</b> |
|  |  | Amount of Contribution<br><b>\$5.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Barbarula</b>  | First<br><b>Michael</b>  | MI<br><b>C</b>  | Contribution ID #<br><b>0200</b>         |
| Residential Street Address<br><b>122 Morgan St Apt 123</b>   | City<br><b>Stamford</b>  | State<br><b>CT</b>  | Zip Code<br><b>06905</b>                 |
| Principal Occupation<br><b>Attorney</b>  | Name of Employer<br><b>Ryan Ryan Deluca LLP</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/28/2014</b>  | Aggregate Contributions<br><b>\$5.00</b> |
|  |  | Amount of Contribution<br><b>\$5.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Plurridge</b>  | First<br><b>Thomas</b>   | MI<br><b>J</b>  | Contribution ID #<br><b>0201</b>         |
| Residential Street Address<br><b>122 Morgan St Apt 123B</b>  | City<br><b>Stamford</b>  | State<br><b>CT</b>  | Zip Code<br><b>06905</b>                 |
| Principal Occupation<br><b>Attorney</b>  | Name of Employer<br><b>Ryan Ryan Deluca LLP</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/28/2014</b>  | Aggregate Contributions<br><b>\$5.00</b> |
|  |  | Amount of Contribution<br><b>\$5.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Gurusaransingh</b>   | First<br><b>Michael</b>  | MI<br><b></b>   | Contribution ID #<br><b>0202</b>         |
| Residential Street Address<br><b>10 Sheridan St</b>  | City<br><b>Stamford</b>  | State<br><b>CT</b>  | Zip Code<br><b>06902</b>                 |
| Principal Occupation<br><b>Event Marketing Coordinator</b>   | Name of Employer<br><b>Blue Buffalo</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/28/2014</b>  | Aggregate Contributions<br><b>\$5.00</b> |
|  |  | Amount of Contribution<br><b>\$5.00</b>   |  |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |                                      |  |                                   |
|--|--------------------------------------|--|-----------------------------------|
| Last Name<br>Aliperti  | First<br>Dan                         | MI   | Contribution ID #<br>0203         |
| Residential Street Address<br>236 Stamford Ave   | City<br>Stamford                     | State<br>CT  | Zip Code<br>06902                 |
| Principal Occupation   | Name of Employer<br>Oppenheimer Fund |  |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                      | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><br>If yes, list Event #   |                                      | Date Received<br>03/28/2014  | Aggregate Contributions<br>\$5.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card   |                                      | Amount of Contribution<br>\$5.00   |                                   |

|  |                                       |  |                                    |
|--|---------------------------------------|--|------------------------------------|
| Last Name<br>Parry   | First<br>Michael                      | MI<br>F  | Contribution ID #<br>0204          |
| Residential Street Address<br>66 Emery Dr  | City<br>Stamford                      | State<br>CT  | Zip Code<br>06902                  |
| Principal Occupation<br>Physician  | Name of Employer<br>Stamford Hospital |  |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                       | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with a fundraising event listed in Section J1?<br><br>If yes, list Event #   |                                       | Date Received<br>03/28/2014  | Aggregate Contributions<br>\$20.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card   |                                       | Amount of Contribution<br>\$20.00  |                                    |

|  |                                   |  |                                    |
|--|-----------------------------------|--|------------------------------------|
| Last Name<br>Winkel  | First<br>Jonathan                 | MI   | Contribution ID #<br>0205          |
| Residential Street Address<br>180 Broad 1407   | City<br>Stamford                  | State<br>CT  | Zip Code<br>06901                  |
| Principal Occupation<br>Business development   | Name of Employer<br>Eastman Kodak |  |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with a fundraising event listed in Section J1?<br><br>If yes, list Event #   |                                   | Date Received<br>03/28/2014  | Aggregate Contributions<br>\$10.00 |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card   |                                   | Amount of Contribution<br>\$10.00  |                                    |

|  |                                    |  |                                    |
|--|------------------------------------|--|------------------------------------|
| Last Name<br>Butler  | First<br>Christopher               | MI<br>P  | Contribution ID #<br>0206          |
| Residential Street Address<br>29 Vincent Ave   | City<br>Stamford                   | State<br>CT  | Zip Code<br>06905                  |
| Principal Occupation<br>Software Engineer  | Name of Employer<br>Orpheus Design |  |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                    | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with a fundraising event listed in Section J1?<br><br>If yes, list Event #   |                                    | Date Received<br>03/28/2014  | Aggregate Contributions<br>\$10.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card   |                                    | Amount of Contribution<br>\$10.00  |                                    |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |
|--|--|---|------------------------------------|
| Last Name<br>Skratt  | First<br>Wendy Therese   | MI  | Contribution ID #<br>0207          |
| Residential Street Address<br>29 Vincent Ave   | City<br>Stamford   | State<br>CT   | Zip Code<br>06905                  |
| Principal Occupation<br>caregiver  | Name of Employer<br>NA   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/28/2014   | Aggregate Contributions<br>\$10.00 |
|  |  |   | Amount of Contribution<br>\$10.00  |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Homere  | First<br>Sherley   | MI  | Contribution ID #<br>0208         |
| Residential Street Address<br>422 Summer St Apt 2D   | City<br>Stamford   | State<br>CT   | Zip Code<br>06901                 |
| Principal Occupation<br>Customs Compliance   | Name of Employer<br>Charter Brokerage  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/28/2014   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Cingari   | First<br>Suzanne   | MI  | Contribution ID #<br>0209         |
| Residential Street Address<br>197 Stamford Ave   | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation<br>Real Estate Agent  | Name of Employer<br>Wm Pitt Sotheby's  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/28/2014   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| Last Name<br>Ayer  | First<br>Ramani  | MI  | Contribution ID #<br>0210           |
| Residential Street Address<br>22 Pasture Ln  | City<br>West Simsbury  | State<br>CT   | Zip Code<br>06902                   |
| Principal Occupation<br>retired  | Name of Employer   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/28/2014   | Aggregate Contributions<br>\$100.00 |
|  |  |   | Amount of Contribution<br>\$100.00  |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| Last Name<br>Fox   | First<br>Stewart   | MI  | Contribution ID #<br>0211           |
| Residential Street Address<br>8 The Hemlocks   | City<br>Roslyn   | State<br>NY   | Zip Code<br>11576                   |
| Principal Occupation<br>Surgeon  | Name of Employer<br>Long Island Thoracic Surgery   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/28/2014   | Aggregate Contributions<br>\$100.00 |
|  |  | Amount of Contribution<br>\$100.00  |                                     |

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| Last Name<br>Honchariw   | First<br>Nicholas  | MI<br>J   | Contribution ID #<br>0212           |
| Residential Street Address<br>3 Via Paraiso W  | City<br>Tiburon  | State<br>CA   | Zip Code<br>94920                   |
| Principal Occupation   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/28/2014   | Aggregate Contributions<br>\$100.00 |
|  |  | Amount of Contribution<br>\$100.00  |                                     |

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| Last Name<br>Fedeli  | First<br>Joshua  | MI  | Contribution ID #<br>0218           |
| Residential Street Address<br>133 Vine Rd  | City<br>Stamford   | State<br>CT   | Zip Code<br>06905                   |
| Principal Occupation<br>Sales  | Name of Employer<br>Eastman Kodak  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/28/2014   | Aggregate Contributions<br>\$100.00 |
|  |  | Amount of Contribution<br>\$100.00  |                                     |

|  |  |   |                                    |
|--|--|---|------------------------------------|
| Last Name<br>Drysdale  | First<br>Lauren  | MI<br>E   | Contribution ID #<br>0219          |
| Residential Street Address<br>133 Vine Rd  | City<br>Stamford   | State<br>CT   | Zip Code<br>06905                  |
| Principal Occupation<br>NP   | Name of Employer<br>SHIP   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/28/2014   | Aggregate Contributions<br>\$50.00 |
|  |  | Amount of Contribution<br>\$50.00   |                                    |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |
|--|--|---|------------------------------------|
| Last Name<br>Jackson   | First<br>Evin  | MI<br>L   | Contribution ID #<br>0213          |
| Residential Street Address<br>458 Wire Mill Rd   | City<br>Stamford   | State<br>CT   | Zip Code<br>06903                  |
| Principal Occupation   | Name of Employer<br>ST   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/28/2014   | Aggregate Contributions<br>\$15.00 |
|  |  | Amount of Contribution<br>\$15.00   |                                    |

|  |  |   |                                    |
|--|--|---|------------------------------------|
| Last Name<br>Malloy  | First<br>John  | MI<br>E   | Contribution ID #<br>0214          |
| Residential Street Address<br>612C Hope St   | City<br>Stamford   | State<br>CT   | Zip Code<br>06907                  |
| Principal Occupation<br>Project Manager  | Name of Employer<br>Eastman Kodak  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/28/2014   | Aggregate Contributions<br>\$10.00 |
|  |  | Amount of Contribution<br>\$10.00   |                                    |

|  |  |   |                                    |
|--|--|---|------------------------------------|
| Last Name<br>Donovan   | First<br>Mary  | MI<br>C   | Contribution ID #<br>0215          |
| Residential Street Address<br>134 Fairview Ave   | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                  |
| Principal Occupation<br>Mom  | Name of Employer<br>NA   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/28/2014   | Aggregate Contributions<br>\$50.00 |
|  |  | Amount of Contribution<br>\$50.00   |                                    |

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| Last Name<br>Donovan   | First<br>Brian   | MI<br>P   | Contribution ID #<br>0216           |
| Residential Street Address<br>134 Fairview Ave   | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                   |
| Principal Occupation<br>Wealth Management  | Name of Employer<br>Northern Trust   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/28/2014   | Aggregate Contributions<br>\$100.00 |
|  |  | Amount of Contribution<br>\$100.00  |                                     |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |
|--|--|---|------------------------------------|
| Last Name<br>Fajardo   | First<br>Carolina  | MI<br>D   | Contribution ID #<br>0220          |
| Residential Street Address<br>873 Washington Blvd Apt 12C  | City<br>Stamford   | State<br>CT   | Zip Code<br>06901                  |
| Principal Occupation<br>Senior Teller  | Name of Employer<br>Northern Trust   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/28/2014   | Aggregate Contributions<br>\$20.00 |
|  |  | Amount of Contribution<br>\$20.00   |                                    |

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| Last Name<br>Nareski   | First<br>William   | MI<br>NH  | Contribution ID #<br>0221           |
| Residential Street Address<br>12 Mountain Laurels Dr   | City<br>Nashua   | State<br>NH   | Zip Code<br>03062                   |
| Principal Occupation<br>CEO  | Name of Employer<br>Centorr Vacuum Industries INC  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/29/2014   | Aggregate Contributions<br>\$100.00 |
|  |  | Amount of Contribution<br>\$100.00  |                                     |

|  |  |   |                                    |
|--|--|---|------------------------------------|
| Last Name<br>Ferrell   | First<br>Whitney   | MI<br>C   | Contribution ID #<br>0222          |
| Residential Street Address<br>1111 23rd St NW Unit 4C  | City<br>Washington   | State<br>DC   | Zip Code<br>20037                  |
| Principal Occupation<br>Attorney   | Name of Employer<br>Environmental Integrity Project  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/29/2014   | Aggregate Contributions<br>\$20.00 |
|  |  | Amount of Contribution<br>\$20.00   |                                    |

|  |  |   |                                    |
|--|--|---|------------------------------------|
| Last Name<br>Brady   | First<br>Gabrielle   | MI<br>CT  | Contribution ID #<br>0224          |
| Residential Street Address<br>1648 Shippan Ave   | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                  |
| Principal Occupation   | Name of Employer   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/29/2014   | Aggregate Contributions<br>\$10.00 |
|  |  | Amount of Contribution<br>\$10.00   |                                    |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |
|--|--|---|------------------------------------|
| Last Name<br>Brady   | First<br>Robert  | MI  | Contribution ID #<br>0257          |
| Residential Street Address<br>1648 Shippan Ave   | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                  |
| Principal Occupation<br>Landscape Contractor   | Name of Employer<br>self   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/29/2014   | Aggregate Contributions<br>\$10.00 |
|  |  | Amount of Contribution<br>\$10.00   |                                    |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Guinta  | First<br>Frances   | MI  | Contribution ID #<br>0225         |
| Residential Street Address<br>79 Center St   | City<br>Stamford   | State<br>CT   | Zip Code<br>06906                 |
| Principal Occupation   | Name of Employer<br>Retired  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2014   | Aggregate Contributions<br>\$5.00 |
|  |  | Amount of Contribution<br>\$5.00  |                                   |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Depauca   | First<br>Fernando  | MI  | Contribution ID #<br>0226         |
| Residential Street Address<br>91 Dora St   | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation<br>owner  | Name of Employer<br>Fairfield Pizza  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2014   | Aggregate Contributions<br>\$5.00 |
|  |  | Amount of Contribution<br>\$5.00  |                                   |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Delva   | First<br>Marjorie  | MI  | Contribution ID #<br>0227         |
| Residential Street Address<br>120 Columbus Pl # 18   | City<br>Stamford   | State<br>CT   | Zip Code<br>06907                 |
| Principal Occupation<br>Coordinator  | Name of Employer<br>ROSCCO   |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2014   | Aggregate Contributions<br>\$5.00 |
|  |  | Amount of Contribution<br>\$5.00  |                                   |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |  |                                     |
|--|--|--|-------------------------------------|
| Last Name<br>Lee   | First<br>Leslie  | MI<br>S  | Contribution ID #<br>0228           |
| Residential Street Address<br>64 Hedge Brook Ln  | City<br>Stamford   | State<br>CT  | Zip Code<br>06903                   |
| Principal Occupation<br>volunteer  | Name of Employer<br>none   |  |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2014  | Aggregate Contributions<br>\$100.00 |
|  |  | Amount of Contribution<br>\$100.00   |                                     |

|  |  |  |                                   |
|--|--|--|-----------------------------------|
| Last Name<br>Canlas  | First<br>Ronald  | MI<br>S  | Contribution ID #<br>0229         |
| Residential Street Address<br>44 N Stamford Rd   | City<br>Stamford   | State<br>CT  | Zip Code<br>06903                 |
| Principal Occupation<br>F & B Manager  | Name of Employer<br>Benchmark Quality  |  |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2014  | Aggregate Contributions<br>\$5.00 |
|  |  | Amount of Contribution<br>\$5.00   |                                   |

|  |  |  |                                   |
|--|--|--|-----------------------------------|
| Last Name<br>Sunga   | First<br>Theresa   | MI<br>N  | Contribution ID #<br>0230         |
| Residential Street Address<br>44 N Stamford Rd   | City<br>Stamford   | State<br>CT  | Zip Code<br>06903                 |
| Principal Occupation<br>RN   | Name of Employer<br>Stamford Hospital  |  |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2014  | Aggregate Contributions<br>\$5.00 |
|  |  | Amount of Contribution<br>\$5.00   |                                   |

|  |  |  |                                   |
|--|--|--|-----------------------------------|
| Last Name<br>Canlas  | First<br>Nadine  | MI<br>J  | Contribution ID #<br>0231         |
| Residential Street Address<br>44 N Stamford Rd   | City<br>Stamford   | State<br>CT  | Zip Code<br>06903                 |
| Principal Occupation<br>student  | Name of Employer   |  |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2014  | Aggregate Contributions<br>\$5.00 |
|  |  | Amount of Contribution<br>\$5.00   |                                   |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Rodin   | First<br>Francois  | MI  | Contribution ID #<br>0232         |
| Residential Street Address<br>151 Custer St  | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation<br>Dietary aide   | Name of Employer<br>Edgehill   |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2014   | Aggregate Contributions<br>\$5.00 |
|  |  | Amount of Contribution<br>\$5.00  |                                   |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Escalona  | First<br>Victoria  | MI  | Contribution ID #<br>0233         |
| Residential Street Address<br>750 Cove Rd  | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation<br>waitstaff  | Name of Employer<br>Benchmark Quality  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2014   | Aggregate Contributions<br>\$5.00 |
|  |  | Amount of Contribution<br>\$5.00  |                                   |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Murray  | First<br>Carolyn   | MI  | Contribution ID #<br>0234         |
| Residential Street Address<br>22 Woodrow St  | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation<br>Dietary aide   | Name of Employer<br>Edgehill   |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2014   | Aggregate Contributions<br>\$5.00 |
|  |  | Amount of Contribution<br>\$5.00  |                                   |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Asuro   | First<br>Karen   | MI  | Contribution ID #<br>0235         |
| Residential Street Address<br>175 Sylvan Knoll Rd  | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation<br>waitstaff  | Name of Employer<br>Benchmark Quality  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2014   | Aggregate Contributions<br>\$5.00 |
|  |  | Amount of Contribution<br>\$5.00  |                                   |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Manapat</b>  | First<br><b>Corinne</b>  | MI  | Contribution ID #<br><b>0236</b>         |
| Residential Street Address<br><b>96 Colonial Rd Fl 1</b>   | City<br><b>Stamford</b>  | State<br><b>CT</b>  | Zip Code<br><b>06906</b>                 |
| Principal Occupation<br><b>waitstaff</b>   | Name of Employer<br><b>Benchmark Quality</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/31/2014</b>  | Aggregate Contributions<br><b>\$5.00</b> |
|  |  | Amount of Contribution<br><b>\$5.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Best</b>   | First<br><b>Adriana</b>  | MI  | Contribution ID #<br><b>0237</b>         |
| Residential Street Address<br><b>214 Hope St</b>   | City<br><b>Stamford</b>  | State<br><b>CT</b>  | Zip Code<br><b>06906</b>                 |
| Principal Occupation<br><b>waitstaff</b>   | Name of Employer<br><b>Edgehill</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/31/2014</b>  | Aggregate Contributions<br><b>\$5.00</b> |
|  |  | Amount of Contribution<br><b>\$5.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Carty</b>  | First<br><b>Jessica</b>  | MI  | Contribution ID #<br><b>0238</b>         |
| Residential Street Address<br><b>1046 E Main St</b>  | City<br><b>Stamford</b>  | State<br><b>CT</b>  | Zip Code<br><b>06902</b>                 |
| Principal Occupation<br><b>Dietary aide</b>  | Name of Employer<br><b>Edgehill</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/31/2014</b>  | Aggregate Contributions<br><b>\$5.00</b> |
|  |  | Amount of Contribution<br><b>\$5.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Melendez</b>   | First<br><b>Nelson</b>   | MI  | Contribution ID #<br><b>0239</b>         |
| Residential Street Address<br><b>31 A Hamilton Ct</b>  | City<br><b>Stamford</b>  | State<br><b>CT</b>  | Zip Code<br><b>06902</b>                 |
| Principal Occupation<br><b>Dining Room Manager</b>   | Name of Employer<br><b>Benchmark Assisted Living</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/31/2014</b>  | Aggregate Contributions<br><b>\$5.00</b> |
|  |  | Amount of Contribution<br><b>\$5.00</b>   |  |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Sumampong   | First<br>Perry   | MI  | Contribution ID #<br>0240         |
| Residential Street Address<br>47 Seaton Rd Apt 4   | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation<br>waitstaff  | Name of Employer<br>Benchmark Quality  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2014   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Guirand   | First<br>Jean  | MI  | Contribution ID #<br>0241         |
| Residential Street Address<br>62 Custer St   | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation<br>waitstaff  | Name of Employer<br>Benchmark Quality  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2014   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Camino  | First<br>Raul  | MI  | Contribution ID #<br>0242         |
| Residential Street Address<br>187 West Ave # 1   | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation<br>waitstaff  | Name of Employer<br>Benchmark Quality  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2014   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Helvis  | First<br>Lara  | MI  | Contribution ID #<br>0243         |
| Residential Street Address<br>80 Diaz St   | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation<br>waitstaff  | Name of Employer<br>Edgehill   |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2014   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Pasal   | First<br>Susana  | MI<br>R   | Contribution ID #<br>0244         |
| Residential Street Address<br>5 Alton Rd   | City<br>Stamford   | State<br>CT   | Zip Code<br>06906                 |
| Principal Occupation<br>Housekeeper  | Name of Employer<br>Robert Berkley   |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2014   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Pasal   | First<br>Wilmar  | MI<br>R   | Contribution ID #<br>0245         |
| Residential Street Address<br>5 Alton Rd   | City<br>Stamford   | State<br>CT   | Zip Code<br>06906                 |
| Principal Occupation<br>student  | Name of Employer   |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2014   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Pasal   | First<br>Prudencio   | MI<br>P   | Contribution ID #<br>0246         |
| Residential Street Address<br>5 Alton Rd   | City<br>Stamford   | State<br>CT   | Zip Code<br>06906                 |
| Principal Occupation<br>Kitchen Help   | Name of Employer<br>Benchmark Quality  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2014   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Ahluwalia   | First<br>Sanjeev   | MI  | Contribution ID #<br>0247         |
| Residential Street Address<br>163 Seaton Rd  | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation<br>waitstaff  | Name of Employer<br>Edgehill   |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2014   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Agulay  | First<br>Melita  | MI  | Contribution ID #<br>0248         |
| Residential Street Address<br>25 8th St  | City<br>Stamford   | State<br>CT   | Zip Code<br>06905                 |
| Principal Occupation<br>waitstaff  | Name of Employer<br>Edgehill   |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2014   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Morant  | First<br>Bertrand  | MI  | Contribution ID #<br>0249         |
| Residential Street Address<br>1 Southfield Ave # 118   | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation<br>waitstaff  | Name of Employer<br>Edgehill   |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2014   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Moresca   | First<br>Felix   | MI  | Contribution ID #<br>0250         |
| Residential Street Address<br>50 Elmcroft Rd   | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation<br>waitstaff  | Name of Employer<br>Edgehill   |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2014   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Manuel  | First<br>Magdalena   | MI  | Contribution ID #<br>0251         |
| Residential Street Address<br>97 Shadow Ridge Rd   | City<br>Stamford   | State<br>CT   | Zip Code<br>06905                 |
| Principal Occupation<br>Dietary aide   | Name of Employer<br>Edgehill   |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2014   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Northern  | First<br>Sherley   | MI  | Contribution ID #<br>0252         |
| Residential Street Address<br>104 Ursula Pl  | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation<br>Dietary aide   | Name of Employer<br>Edgehill   |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2014   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

|  |  |   |                                    |
|--|--|---|------------------------------------|
| Last Name<br>Malloy  | First<br>Mary  | MI<br>G   | Contribution ID #<br>0256          |
| Residential Street Address<br>87 Glenbrook Rd # 96   | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                  |
| Principal Occupation   | Name of Employer<br>self   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2014   | Aggregate Contributions<br>\$10.00 |
|  |  |   | Amount of Contribution<br>\$10.00  |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Malloy  | First<br>William   | MI<br>F   | Contribution ID #<br>0253         |
| Residential Street Address<br>119 Ralsey Rd  | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation<br>Insurance  | Name of Employer<br>self   |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2014   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Malloy  | First<br>Matthew   | MI<br>M   | Contribution ID #<br>0254         |
| Residential Street Address<br>119 Ralsey Rd  | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation<br>Insurance  | Name of Employer<br>WMF Malloy   |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2014   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Malloy  | First<br>Christopher   | MI<br>G   | Contribution ID #<br>0255         |
| Residential Street Address<br>15 Stamford Ave  | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                 |
| Principal Occupation<br>Builder  | Name of Employer<br>Stamford Building Comp   |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2014   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

|  |                  |                                    |                   |
|--|------------------|------------------------------------|-------------------|
| <b>Total of Section B</b>                          |                  |                                    | <b>\$6,165.00</b> |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> | (Sections A + B) | (Total on Line 14 of Summary Page) | <b>\$6,165.00</b> |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**C1. Contributions from Other Committees**

|                      |  |  |          |
|----------------------|--|--|----------|
| Name of Committee    |  | Name of Treasurer  |          |
| Address              |  | Is this contribution associated with a fundraising event listed in Section J1?<br>Yes No |          |
| City                 |  | State  | Zip Code |
| Date Received        |  | Aggregate Contributions  |          |
| If yes, list Event # |  | Amount of Contribution   |          |

|                            |  |  |
|----------------------------|--|--|
| <b>Total of Section C1</b> |  |  |
|----------------------------|--|--|

**I. MONETARY RECEIPTS (Section A-I)**

|   |       |          |  |                            |                   |
|---|-------|----------|--|----------------------------|-------------------|
| NAME OF COMMITTEE   |       |          |  | TYPE OF REPORT             |                   |
| Caroline Simmons For State Representative   |       |          |  | April 10 Filing - Original |                   |
| <b>C2. Reimbursements, Payments, or Surplus Distributions from other Committees</b> |       |          |  |                            |                   |
| Name of Committee   |       |          | Name of Treasurer  |                            |                   |
| Address   |       |          |  | Date Received              | Amount of Receipt |
| City  | State | Zip Code | Reimbursement for shared expense<br>Payment for goods and services |                            |                   |
| <b>Total of Section C2</b>  |       |          |  |                            |                   |

**I. MONETARY RECEIPTS (Section A-I)**

|  |  |      |                 |                            |  |       |
|--|--|------|-----------------|----------------------------|--|-------|
| NAME OF COMMITTEE                          |  |      |                 | TYPE OF REPORT             |  |       |
| Caroline Simmons For State Representative  |  |      |                 | April 10 Filing - Original |  |       |
| <b>D. Loans Received this Period</b>       |  |      |                 |                            |  |       |
| Name of Lender                             |  |      | Source of Loan: |                            | Date of Receipt  |       |
|  |  |      | Bank            | Candidate                  | Individual   | Other |
| Street Address                             |  | City | State           | Zip Code                   | Is there a cosigner or Guarantor of this loan?<br>Yes No |       |
| Name of Cosigner/Guarantor (if applicable) |  |      |                 |                            |  |       |
| Street Address                             |  | City | State           | Zip Code                   | <b>Amount Received</b>                                   |       |
|  |  |      |                 |                            |  |       |
| <b>Total of Section D</b>                  |  |      |                 |                            |  |       |

**I. MONETARY RECEIPTS (Section A-I)**

|  |                   |                |                   |                            |  |
|--|-------------------|----------------|-------------------|----------------------------|--|
| NAME OF COMMITTEE  |                   |                |                   | TYPE OF REPORT             |  |
| Caroline Simmons For State Representative  |                   |                |                   | April 10 Filing - Original |  |
| <b>E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)</b> |                   |                |                   |                            |  |
| Date of Receipt  | Method of Payment |                |                   | Amount                     |  |
|  | Cash              | Personal Check | Credit/Debit Card |                            |  |
| <b>Total of Section E</b>  |                   |                |                   |                            |  |

**I. Monetary Receipts (Section A-I)**

|   |      |                            |          |
|---|------|----------------------------|----------|
| NAME OF COMMITTEE                                       |      | TYPE OF REPORT             |          |
| Caroline Simmons For State Representative               |      | April 10 Filing - Original |          |
| <b>G. Interest from Deposits in Authorized Accounts</b> |      |                            |          |
| Name of Institution                                     |      | Date Received              | Amount   |
| Street Address  | City | State                      | Zip Code |
| <b>Total of Section G</b>                               |      |                            |          |

**I. MONETARY RECEIPTS (Section A-K)**

|   |   |                            |               |
|---|---|----------------------------|---------------|
| NAME OF COMMITTEE   |   | TYPE OF REPORT             |               |
| Caroline Simmons For State Representative                                       |   | April 10 Filing - Original |               |
| <b>H. Public Grant Funds Received from the Citizens' Election Fund</b>          |   |                            |               |
| Purpose of Grant:   | Grant Cycle:  |                            | Date Received |
| Initial                  Grant Adjustment<br>Supplemental/Post Election Deficit | Primary                  General Election                  Special Election |                            | Amount        |
| <b>Total of Section H</b>   |   |                            |               |

**I. MONETARY RECEIPTS (Section A-K)**

|  |      |                            |                 |
|--|------|----------------------------|-----------------|
| NAME OF COMMITTEE  |      | TYPE OF REPORT             |                 |
| Caroline Simmons For State Representative                              |      | April 10 Filing - Original |                 |
| <b>I. Miscellaneous Monetary Receipts not Considered Contributions</b> |      |                            |                 |
| Name   |      | Date of Transaction        | Amount Received |
| Street Address   | City | State                      | Zip Code        |
| Description  |      |                            |                 |
| <b>Total of Section I</b>  |      |                            |                 |

**II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE                         | TYPE OF REPORT             |
| Caroline Simmons For State Representative | April 10 Filing - Original |

**J1. Fundraising Event Information**

|  |        |             |   |       |          |
|--|--------|-------------|---|-------|----------|
| Fundraising Event #<br>Date of Fundraiser  | Letter | Description |   |       |          |
| Location: Street Address   |        |             | City  | State | Zip Code |
| Was this fundraising event hosted at a personal residence?   |        | Yes         | if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations. |       |          |
|  |        | No          |   |       |          |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?                |        | Yes         | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.  |       |          |
|  |        | No          |   |       |          |
| <b>Subpart 1:</b><br>Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? |        | Yes         | (If yes, enter Total Receipts here.)  |       |          |
|  |        | No          |   |       |          |

**Total of Section J1****II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**J3. In-Kind Donations Not Considered Contributions**

|                     |                         |         |                                |       |                               |
|---------------------|-------------------------|---------|--------------------------------|-------|-------------------------------|
| Name of the Donor   |                         |         |                                |       |                               |
| Street Address      |                         |         | City                           | State | Zip Code                      |
| Donation Given by:  | Description of Donation |         |                                |       | Fair Market Value of Donation |
| Individual          |                         |         |                                |       |                               |
| Business Entity     | Date Received           | Event # | Aggregate value for this event |       |                               |
| Sole Proprietorship |                         |         |                                |       |                               |

**Total of Section J3**

**III. NONMONETARY RECEIPTS (Sections K - M)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE                         | TYPE OF REPORT             |
| Caroline Simmons For State Representative | April 10 Filing - Original |

**K. In-Kind Contributions**

|   |               |   |  |
|---|---------------|---|--|
| Name  |               |   |  |
| Street Address  |               | City  | State   Zip Code                       |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event# | Yes<br>No     | Description of In-Kind Contribution   |  |
| Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?                                  | Yes<br>No     | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br>Executive   Legislative | Fair Market Value of this Contribution |
| Type of Contributor:  | Date Received | Aggregate contributions   |  |
| Individual   Committee   Sole Proprietorship  |               |   |  |

|                           |
|---------------------------|
| <b>Total of Section K</b> |
|---------------------------|

**III. Non Monetary Receipts (Sections K - M)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**L. Refundable Deposit to Telephone Company**

|                            |            |       |                   |
|----------------------------|------------|-------|-------------------|
| Last Name of Individual    | First Name | MI    | Date Deposit Made |
| Residential Street Address | City       | State | Zip Code          |
| Name of Telephone company  |            |       |                   |
| Street Address             | City       | State | Zip Code          |

|                           |
|---------------------------|
| <b>Total of Section L</b> |
|---------------------------|

**III. NONMONETARY RECEIPTS (Sections K - M)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE                         | TYPE OF REPORT             |
| Caroline Simmons For State Representative | April 10 Filing - Original |

**M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee - OPTIONAL See Public Act 11-48**

|   |       |          |  |  |                               |
|---|-------|----------|--|--|-------------------------------|
| Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY) |       |          | Name of Treasurer                                |  |                               |
| Street Address  |       |          | Date Notice Received                             |  | Fair Market Value of Donation |
| City  | State | Zip Code | Aggregate Donations                              |  |                               |
| Description of Donation   |       |          | Purpose of Expenditure<br>A      B      C      D |  |                               |

**Total of Section M**

**IV. EXPENDITURES (Sections N - S)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |
| <b>N. Expenses Paid By Committee</b>                                    |                            |

|   |   |   |                   |
|---|---|---|-------------------|
| Name of Payee<br>PayPal   | Date of Payment<br>03/22/2014   | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card |                   |
| Street Address<br>2211 N First St .   | City<br>San Jose  | State<br>CA   | Zip Code<br>95131 |
| Purpose of Expend<br>BNK  | Description<br>credit card processing fees, invoice 5409-4475-6569-1705 |   | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br>If yes, assign an Expenditure # and complete Itemization in Addendum | <input type="checkbox"/> Yes<br><input type="checkbox"/> No             | Expenditure #<br>(if applicable)  | Event #           |
|   |   |   | \$3.65            |
| Name of Payee<br>PayPal   | Date of Payment<br>03/23/2014   | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card |                   |
| Street Address<br>2211 N First St   | City<br>San Jose  | State<br>CA   | Zip Code<br>95131 |
| Purpose of Expend<br>BNK  | Description<br>credit card processing fees, invoice 0722-8056-2172-5703 |   | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br>If yes, assign an Expenditure # and complete Itemization in Addendum | <input type="checkbox"/> Yes<br><input type="checkbox"/> No             | Expenditure #<br>(if applicable)  | Event #           |
|   |   |   | \$3.65            |
| <b>Total of Section N</b>   |   |   | <b>\$7.30</b>     |

| IV. EXPENDITURES (Sections N - S)                                       |             |      |  |                 |                            |  |
|---|-------------|------|--|-----------------|----------------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) |             |      |  |                 | TYPE OF REPORT             |  |
|   |             |      |  |                 | April 10 Filing - Original |  |
| O. Expenses Paid By Candidate   |             |      |  |                 |                            |  |
| Name of Payee (Name of vendor who candidate paid directly)              |             |      |  | Date of Payment | Is Reimbursement Claimed?  |  |
|   |             |      |  |                 | Yes                  No    |  |
| Street Address  |             | City |  | State           | Zip Code                   |  |
|   |             |      |  |                 |                            |  |
| Purpose of Expenditure (by code)  | Description |      |  | Event #         |                            |  |
|   |             |      |  |                 |                            |  |
| <b>Total of Section O</b>   |             |      |  |                 |                            |  |

| IV. EXPENDITURES (Sections N - S)   |             |  |      |  |                            |          |
|---|-------------|--|------|--|----------------------------|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)                   |             |  |      |  | TYPE OF REPORT             |          |
| Caroline Simmons For State Representative   |             |  |      |  | April 10 Filing - Original |          |
| P. Expenses Incurred on Committee Credit Card   |             |  |      |  |                            |          |
| Name of Issuing Institution   |             |  |      | Type of Credit Card:   |                            |          |
|   |             |  |      | Visa                  Master Card                  Discover                  American Express<br>Other |                            |          |
| Name of Vendor  |             |  |      |  | Date of Transaction        |          |
|   |             |  |      |  |                            |          |
| Street Address  |             |  | City |  | State                      | Zip Code |
|   |             |  |      |  |                            |          |
| Purpose of Expenditure (by code)  | Description |  |      |  | Amount                     |          |
|   |             |  |      |  |                            |          |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? |             |  | Yes  | Expenditure # (if applicable)  | Event #                    |          |
|   |             |  | No   |  |                            |          |
| If yes, assign an Expenditure # and complete Itemization in Addendum                      |             |  |      |  |                            |          |
| <b>Total of Section P</b>   |             |  |      |  |                            |          |



**IV. EXPENDITURES (Sections N - S)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**Q. Expenses Incurred By Committee but Not Paid During this Period**

|  |  |                                      |                   |
|--|--|--------------------------------------|-------------------|
| Name of Creditor<br>Susana Vidan   |  | Date Incurred<br>03/31/2014          |                   |
| Street Address<br>12 Pell Pl   | City<br>Stamford                         | State<br>CT                          | Zip Code<br>06905 |
| Purpose of Expenditure (bv code)<br>OFFICE   | Description<br>Staples - office supplies | Amount Incurred (Estimate or Actual) |                   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, assign an Expenditure # and completes Itemization in Addendum Q |  | Expenditure # (if applicable)        | Event #           |
|  |  |                                      | \$123.83          |

**Total of Section Q**

**\$152.34**

**IV. EXPENDITURES (Sections N - S)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |

**R. Itemization of Reimbursements to Committee Workers and Consultants**

|   |             |                               |                 |  |
|---|-------------|-------------------------------|-----------------|--|
| Last Name of Worker/Consultant  | First       | MI                            | Date of Payment | Method of Payment<br>Check #<br>Debit Card |
| Secondary Payee   |             |                               |                 |  |
| Street Address  | City        |                               | State           | Zip Code                                   |
| Purpose of Expenditure (by code)  | Description |                               |                 | Amount                                     |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No<br>If yes, assign an Expenditure # and completes Itemization in Addendum R |             | Expenditure # (if applicable) | Event #         |  |

**Total of Section R**

| <b>IV. EXPENDITURES (Sectuibs N - S)</b>                                |                            |       |          |                                     |
|---|----------------------------|-------|----------|-------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |       |          |                                     |
| Caroline Simmons For State Representative                               | April 10 Filing - Original |       |          |                                     |
| <b>S. Surplus Distribution of Equipment and Furniture</b>               |                            |       |          |                                     |
| Name of Recipient   |                            |       |          |                                     |
| Street Address  | City                       | State | Zip Code | Original Purchase<br>Amount of Item |
| Description of Item   |                            |       |          |                                     |
| <b>Total of Section S</b>   |                            |       |          |                                     |
|   |                            |       |          |                                     |