

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Simmons For Congress

Report Covering the Period:

From:

To:

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	200.00	29556.15
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	200.00	29556.15
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	14816.23	213877.30
(b) Total Offsets to Operating Expenditures (from Line 14).....	19710.31	21606.60
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	-4894.08	192270.70
8. Cash on Hand at Close of Reporting Period (from Line 27).....	481.44	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	7000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
 Simmons For Congress

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. RECEIPTS

COLUMN A
 Total This Period

COLUMN B
 Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
 Political Committees

(i) Itemized (use Schedule A).....

200.00

14316.66

(ii) Unitemized.....

0.00

14814.49

(iii) TOTAL of contributions

200.00

29131.15

from individuals..... ▶

0.00

2425.00

(b) Political Party Committees.....

(c) Other Political Committees
 (such as PACS).....

0.00

-2000.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS
 (other than loans)

200.00

29556.15

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER
 AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the
 Candidate.....

0.00

30000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS
 (add Lines 13(a) and (b)).....

0.00

30000.00

14. OFFSETS TO OPERATING
 EXPENDITURES
 (Refunds, Rebates, etc.).....

19710.31

21606.60

15. OTHER RECEIPTS
 (Dividends, Interest, etc.).....

0.00

41210.88

16. TOTAL RECEIPTS (add Lines
 11(e), 12, 13(c), 14, and 15)
 (Carry Total to Line 24, page 4)..... ▶

19910.31

122373.63

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	14816.23	213877.30
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	7000.00	30000.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	7000.00	30000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	41000.01
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	21816.23	284877.31

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2387.36
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	19910.31
25. SUBTOTAL (add Line 23 and Line 24).....	22297.67
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	21816.23
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	481.44

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 5 / 12
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Simmons For Congress

A. Full Name (Last, First, Middle Initial)
Lisa Scheffler

Mailing Address 12 Richborough Road

City Madison State CT Zip Code 06443

FEC ID number of contributing federal political committee. **C**

Name of Employer Schering-Plough Occupation Research Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼
 General Debt 2006

Election Cycle-to-Date ▼
200.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 25 / 2007

Transaction ID: 70726.C40378

Amount of Each Receipt this Period
200.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	200.00
TOTAL This Period (last page this line number only)	▶	200.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 12
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input checked="" type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Simmons For Congress

A. Full Name (Last, First, Middle Initial)
U.S. Treasury

Mailing Address Rosenbaum Avenue

City Washington State DC Zip Code 20003-

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼
 General Debt 2006

Election Cycle-to-Date ▼
1495.38

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 26 / 2007

Transaction ID: 70726.C40380

Amount of Each Receipt this Period
1495.38

Offsets to Operating Expenditure
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Wilson Grand Communications

Mailing Address 429 N. Saint Asaph Street

City Alexandria State VA Zip Code 22314-

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼
 General Debt 2006

Election Cycle-to-Date ▼
17933.93

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 25 / 2007

Transaction ID: 70726.C40377

Amount of Each Receipt this Period
17933.93

Offsets to Operating Expenditure
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
The Hartford

Mailing Address P.O. Box 98702

City Chicago State IL Zip Code 60693-

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼
 General Debt 2006

Election Cycle-to-Date ▼
281.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 25 / 2007

Transaction ID: 70726.C40379

Amount of Each Receipt this Period
281.00

Offsets to Operating Expenditure
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	19710.31
TOTAL This Period (last page this line number only)	19710.31

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 / 12

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Simmons For Congress

Full Name (Last, First, Middle Initial) A. Federal Election Commission		Transaction ID: 70808.E4053 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 7
Mailing Address 999 E Street NW		Amount of Each Disbursement this Period 9500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20463-	Purpose of Disbursement FINE PAYMENT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FINE PAYMENT

Full Name (Last, First, Middle Initial) B. Citizens Bank		Transaction ID: 70905.E4055 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 7
Mailing Address West Broad Street		Amount of Each Disbursement this Period 35.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pawcatuck State CT Zip Code 06379-	Purpose of Disbursement SERVICE CHARGE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SERVICE CHARGE

Full Name (Last, First, Middle Initial) C. Rogers for Congress		Transaction ID: 71002.E4058 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 7
Mailing Address C/O Mike Rogers P.O. Box 1113		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Anniston State AL Zip Code 36202-	Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶	10535.00
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Simmons For Congress

Full Name (Last, First, Middle Initial) A. Chris Shays For Congress		Transaction ID: 71002.E4060 Date of Disbursement 09 / 26 / 2007
Mailing Address C/O Chris Shays 98 East Avenue Rear Building		Amount of Each Disbursement this Period 1000.00
City Norwalk State CT Zip Code 06851-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POLITICAL CONTRIBUTION		POLITICAL CONTRIBUTION
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Capito For Congress		Transaction ID: 71002.E4059 Date of Disbursement 09 / 26 / 2007
Mailing Address C/O Shelley Moore P.O. Box 11519		Amount of Each Disbursement this Period 1000.00
City Charleston State WV Zip Code 25339-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POLITICAL CONTRIBUTION		POLITICAL CONTRIBUTION
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Wilson for Congress		Transaction ID: 71002.E4061 Date of Disbursement 09 / 26 / 2007
Mailing Address C/O Heather Wilson P.O. Box 14070		Amount of Each Disbursement this Period 1000.00
City Albuquerque State NM Zip Code 87191-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POLITICAL CONTRIBUTION		POLITICAL CONTRIBUTION
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 12

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Simmons For Congress

Full Name (Last, First, Middle Initial)

A. Admin Unemploy Comp

Mailing Address P.O. Box 2940

City Hartford State CT Zip Code 06104-2940

Purpose of Disbursement

TAXES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 70905.E4054

Date of Disbursement

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
0	8		0	1		2	0	0	7

Amount of Each Disbursement this Period

24.40

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

TAXES

SUBTOTAL of Disbursements This Page (optional)

24.40

TOTAL This Period (last page this line number only)

14729.40

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 12

<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input checked="" type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Simmons For Congress

A. Full Name (Last, First, Middle Initial)
Robert Simmons

Mailing Address P.O. Box 268

City Stonington State CT Zip Code 06378-

Purpose of Disbursement
Repay Loan Made/Guar. by Cand Loan Repay

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

General Debt 2006

Transaction ID: 70726.E4052

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	0	7

Amount of Each Disbursement this Period

7000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

7000.00

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 12 / 12
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Simmons For Congress

Transaction ID: LS70109.C39987

LOAN SOURCE Full Name (Last, First, Middle Initial) Robert Simmons/Personal Funds	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General Debt 2006
Mailing Address P.O. Box 268	
City Stonington State CT ZIP Code 06378-	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30000.00	23000.00	7000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 1 D D 0 8 Y Y Y Y 2 0 0 7	20080101	.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional) ▶	<input style="width: 100%;" type="text" value="7000.00"/>
TOTALS This Period (last page in this line only) ▶	<input style="width: 100%;" type="text" value="7000.00"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.