



**COVER PAGE**

1. NAME OF COMMITTEE			2. TYPE OF COMMITTEE		
Dyer for House			<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee		
3. TREASURER NAME					
First Sydney	MI A	Last Mazur		Suffix	
4. TREASURER ADDRESS					
Street Address 22D Nanel Dr		City Glastonbury		State CT	Zip Code 06033
5. ELECTION DATE		6. OFFICE SOUGHT ( Complete only if Candidate Committee)			7. DISTRICT NUMBER ( if applicable)
11/08/2022		State Representative			R066
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Matt	MI	Last Dyer		Suffix	
9. TYPE OF REPORT					
April 10 Filing - Amendment					
10. PERIOD COVERED					
Beginning Date		Ending Date			
01/05/2022		thru		03/31/2022	
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.					
Electronic Filing		Sydney Mazur		03/26/2026 1:20:42PM	
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED	
<p><b>A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.</b></p>					

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
<b>Dyer for House</b>	April 10 Filing - Amendment	
	COLUMN A This Period	COLUMN B 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>\$4,010.00</b>	<b>\$4,010.00</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>\$4,010.00</b>	<b>\$4,010.00</b>
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	<b>\$4,010.00</b>	<b>\$4,010.00</b>
20. Expenses Paid by Committee (Section N)	<b>\$96.10</b>	<b>\$96.10</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns )	<b>\$3,913.90</b>	<b>\$3,913.90</b>
22. In-Kind Donations not Considered Contributions Received (Section J3)	<b>\$0.00</b>	<b>\$0.00</b>
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	<b>\$115.58</b>	<b>\$115.58</b>
24. In-Kind Contributions Received (Section K)	<b>\$0.00</b>	<b>\$0.00</b>
25. Refundable Deposit to Telephone Company (Section L)	<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>\$606.54</b>	<b>\$606.54</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>\$783.63</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$783.63</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Dyer for House		April 10 Filing - Amendment	
<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 <b>Mostowy</b>		First <b>Kristen</b>		MI	Contribution ID # <del>0001</del>
Residential Street Address <b>405 Hunter Dr</b>		City <b>Litchfield</b>		State <del>CT</del>	Zip Code
Principal Occupation <b>Attorney</b>			Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>01/18/2022</b>	
If yes, list Event #					<del>\$25.00-</del>

Last Name <b>Mostowy</b>		First <b>Kristen</b>		MI	Contribution ID # <b>0001</b>
Residential Street Address <b>405 Hunter Dr</b>		City <b>Litchfield</b>		State <b>CT</b>	Zip Code <b>06759</b>
Principal Occupation <b>Attorney</b>			Name of Employer <b>Law Office of Kristen Mostowy</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>01/18/2022</b>	
If yes, list Event #					<b>\$25.00</b>

Last Name <b>Mostowy</b>		First <b>Kristen</b>		MI	Contribution ID # <del>0001</del>
Residential Street Address <b>405 Hunter Dr</b>		City <b>Litchfield</b>		State <del>CT</del>	Zip Code <del>06750</del>
Principal Occupation <b>Attorney</b>			Name of Employer <del>Law Office of Kristen Mostowy</del>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <del>01/18/2022</del>	
If yes, list Event #					<del>\$25.00-</del>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Mostowy</b>		First <b>Kristen</b>		MI	Contribution ID # <b>0002</b>
Residential Street Address <b>405 Hunter Dr</b>		City <b>Litchfield</b>		State <b>CT</b>	Zip Code <b>06759</b>
Principal Occupation			Name of Employer <b>Law Offices of Kristen Mostowy</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$25.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/22/2022</b>	
			Aggregate Contributions <b>\$50.00</b>		

Last Name <b>Mostowy</b>		First <b>Kristen</b>		MI	Contribution ID # <b>0002</b>
Residential Street Address <b>405 Hunter Dr</b>		City <b>Litchfield</b>		State <b>CT</b>	Zip Code
Principal Occupation			Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution  <del>\$25.00</del>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <del>01/22/2022</del>	
			Aggregate Contributions <del>\$50.00</del>		

Last Name <b>Mostowy</b>		First <b>Kristen</b>		MI	Contribution ID # <b>0002</b>
Residential Street Address <b>405 Hunter Dr</b>		City <b>Litchfield</b>		State <b>CT</b>	Zip Code <b>06750</b>
Principal Occupation			Name of Employer <b>Law Offices of Kristen Mostowy</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <del>\$25.00</del>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <del>01/22/2022</del>	
			Aggregate Contributions <del>\$50.00</del>		

Last Name <b>Manes</b>		First <b>Beverly</b>		MI <b>J</b>	Contribution ID # <b>0004</b>
Residential Street Address <b>18 Wilson Rd</b>		City <b>Litchfield</b>		State <b>CT</b>	Zip Code <b>06759</b>
Principal Occupation <b>Retired</b>			Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$25.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Date Received <b>01/28/2022</b>	
			Aggregate Contributions <b>\$50.00</b>		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Manes</b>	First <b>Joseph</b>	MI <b>L</b>	Contribution ID # <b>0005</b>
Residential Street Address <b>18 Wilson Rd</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code <b>06759</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/28/2022</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>Manes</b>	First <b>Beverly</b>	MI	Contribution ID # <b>0004</b>
Residential Street Address <b>18 Wilson Rd</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code <b>06759</b>
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/28/2022</b>	Aggregate Contributions <b>\$75.00-</b>
		Amount of Contribution <b>\$25.00-</b>	

Last Name <b>Manes</b>	First <b>Joseph</b>	MI	Contribution ID # <b>0005</b>
Residential Street Address <b>18 Wilson Rd</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code <b>06759</b>
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/28/2022</b>	Aggregate Contributions <b>\$75.00-</b>
		Amount of Contribution <b>\$25.00-</b>	

Last Name <b>Manes</b>	First <b>Beverly</b>	MI	Contribution ID # <b>0004</b>
Residential Street Address <b>18 Wilson Rd</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code <b>06759</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/28/2022</b>	Aggregate Contributions <b>\$50.00-</b>
		Amount of Contribution <b>\$25.00-</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Manes</b>	First <b>Joseph</b>	MI	Contribution ID # <b>0005</b>
Residential Street Address <b>18 Wilson Rd</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code <b>06759</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>01/28/2022</b>	Aggregate Contributions <b>\$50.00-</b> <b>\$25.00-</b>

Last Name <b>Dyer</b>	First <b>Aidan</b>	MI	Contribution ID # <b>0003</b>
Residential Street Address <b>405 Hunter Dr</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code <b>06759</b>
Principal Occupation <b>Student</b>	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>02/04/2022</b>	Aggregate Contributions <b>\$5.00</b> <b>\$5.00</b>

Last Name <b>Dyer</b>	First <b>Aidan</b>	MI	Contribution ID # <b>0003</b>
Residential Street Address <b>405 Hunter Dr</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code <b>06759</b>
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>02/04/2022</b>	Aggregate Contributions <b>\$10.00-</b> <b>\$5.00-</b>

Last Name <b>McNeill</b>	First <b>Kim</b>	MI	Contribution ID # <b>0006</b>
Residential Street Address <b>1611 Georges Hill Rd</b>	City <b>Southbury</b>	State <b>CT</b>	Zip Code <b>06488</b>
Principal Occupation <b>Unemployed</b>	Name of Employer <b>Unemployed</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>02/07/2022</b>	Aggregate Contributions <b>\$50.00</b> <b>\$50.00</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>McNeill</b>	First <b>Kim</b>	MI	Contribution ID # <b>0006</b>
Residential Street Address <b>1611 Georges Hill Rd</b>	City <b>Southbury</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>02/07/2022</b>	Aggregate Contributions <b>\$100.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$50.00-</b>	

Last Name <b>Bhalla</b>	First <b>Vanita</b>	MI	Contribution ID # <b>0007</b>
Residential Street Address <b>26 Parkland Dr</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>02/09/2022</b>	Aggregate Contributions <b>\$300.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00-</b>	

Last Name <b>Angelopoulos</b>	First <b>Maria</b>	MI	Contribution ID # <b>0008</b>
Residential Street Address <b>26 Parkland Dr</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>02/09/2022</b>	Aggregate Contributions <b>\$200.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00-</b>	

Last Name <b>Bhalla</b>	First <b>Vanita</b>	MI	Contribution ID # <b>0007</b>
Residential Street Address <b>26 Parkland Dr</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code <b>06798</b>
Principal Occupation <b>Career Coach</b>	Name of Employer <b>Vanita Bhalla</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>02/09/2022</b>	Aggregate Contributions <b>\$200.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00-</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Angelopoulos</b>	First <b>Maria</b>	MI	Contribution ID # <b>0008</b>
Residential Street Address <b>26 Parkland Dr</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code <b>06798</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/09/2022</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Bhalla</b>	First <b>Vanita</b>	MI	Contribution ID # <b>0007</b>
Residential Street Address <b>26 Parkland Dr</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code <b>06798</b>
Principal Occupation <b>Career Coach</b>	Name of Employer <b>Bhalla Talent Advisors</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/09/2022</b>	Aggregate Contributions <b>\$200.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Kelly</b>	First <b>Mike</b>	MI	Contribution ID # <b>0009</b>
Residential Street Address <b>390 N Lake St</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code <b>06759</b>
Principal Occupation <b>Consultant</b>	Name of Employer <b>Kelly-Newman Advisors</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/10/2022</b>	Aggregate Contributions <b><del>\$750.00</del></b>
		Amount of Contribution <b><del>\$250.00</del></b>	

Last Name <b>Berson</b>	First <b>Robert</b>	MI <b>C</b>	Contribution ID # <b>0011</b>
Residential Street Address <b>73 Clark Rd</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code <b>06759</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/10/2022</b>	Aggregate Contributions <b>\$10.00</b>
		Amount of Contribution <b>\$5.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Putnam</b>	First <b>Barbara</b>	MI	Contribution ID # <b>0010</b>
Residential Street Address <b>73 Clark Rd</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code <b>06759</b>
Principal Occupation <b>Registrar of Voters</b>	Name of Employer <b>Town of Litchfield</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/10/2022</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

Last Name <b>Kelly</b>	First <b>Mike</b>	MI	Contribution ID # <b>0009</b>
Residential Street Address <b>390 N Lake St</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code <b>06759</b>
Principal Occupation <b>Consultant</b>	Name of Employer <b>Kelly Newman Advisors</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/10/2022</b>	Aggregate Contributions <b>\$750.00</b>
		Amount of Contribution <b>\$250.00</b>	

Last Name <b>Berson</b>	First <b>Robert</b>	MI	Contribution ID # <b>0011</b>
Residential Street Address <b>73 Clark Rd</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code <b>06759</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/10/2022</b>	Aggregate Contributions <b><del>\$10.00</del></b>
		Amount of Contribution <b><del>\$5.00</del></b>	

Last Name <b>Kelly</b>	First <b>Mike</b>	MI	Contribution ID # <b>0009</b>
Residential Street Address <b>390 N Lake St</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code <b>06759</b>
Principal Occupation <b>Consultant</b>	Name of Employer <b>Mike Kelly</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/10/2022</b>	Aggregate Contributions <b><del>\$750.00</del></b>
		Amount of Contribution <b><del>\$250.00</del></b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Kelly</b>	First <b>Mike</b>	MI	Contribution ID # <b>0009</b>
Residential Street Address <b>390 N Lake St</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code
Principal Occupation <b>Consultant</b>	Name of Employer <b>Self</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>02/10/2022</b>	Aggregate Contributions <b>\$1,000.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$250.00-</b>	

Last Name <b>Putnam</b>	First <b>Barbara</b>	MI	Contribution ID # <b>0010</b>
Residential Street Address <b>73 Clark Rd</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>02/10/2022</b>	Aggregate Contributions <b>\$10.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$5.00-</b>	

Last Name <b>Berson</b>	First <b>Bob</b>	MI	Contribution ID # <b>0011</b>
Residential Street Address <b>73 Clark Rd</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>02/10/2022</b>	Aggregate Contributions <b>\$15.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$5.00-</b>	

Last Name <b>Blondin</b>	First <b>Audrey</b>	MI	Contribution ID # <b>0012</b>
Residential Street Address <b>174 Sherbrook Dr</b>	City <b>Goshen</b>	State <b>CT</b>	Zip Code
Principal Occupation <b>Attorney</b>	Name of Employer <b>Blondin Law Office, LLC</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>02/11/2022</b>	Aggregate Contributions <b>\$750.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$250.00-</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Solnit</b>	First <b>Benjamin</b>	MI <b>A</b>	Contribution ID # <b>0013</b>
Residential Street Address <b>364 Bantam Lake Rd</b>	City <b>Morris</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>02/11/2022</b>	Aggregate Contributions <b>\$50.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$25.00-</b>	

Last Name <b>Solnit</b>	First <b>Audrey</b>	MI <b>CT</b>	Contribution ID # <b>0014</b>
Residential Street Address <b>364 Bantam Lake Rd</b>	City <b>Morris</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>02/11/2022</b>	Aggregate Contributions <b>\$50.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$25.00-</b>	

Last Name <b>Blondin</b>	First <b>Audrey</b>	MI <b>CT</b>	Contribution ID # <b>0012</b>
Residential Street Address <b>174 Sherbrook Dr</b>	City <b>Goshen</b>	State <b>CT</b>	Zip Code <b>06756</b>
Principal Occupation <b>Attorney</b>	Name of Employer <b>Blondin Law Office, LLC</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>02/11/2022</b>	Aggregate Contributions <b>\$500.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$250.00-</b>	

Last Name <b>Solnit</b>	First <b>Benjamin</b>	MI <b>A</b>	Contribution ID # <b>0013</b>
Residential Street Address <b>364 Bantam Lake Rd</b>	City <b>Morris</b>	State <b>CT</b>	Zip Code <b>06763</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>02/11/2022</b>	Aggregate Contributions <b>\$25.00</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$25.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Solnit</b>	First <b>Audrey</b>	MI	Contribution ID # <b>0014</b>
Residential Street Address <b>364 Bantam Lake Rd</b>	City <b>Morris</b>	State <b>CT</b>	Zip Code <b>06763</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/11/2022</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>Blondin</b>	First <b>Audrey</b>	MI <b>B</b>	Contribution ID # <b>0012</b>
Residential Street Address <b>174 Sherbrook Dr</b>	City <b>Goshen</b>	State <b>CT</b>	Zip Code <b>06756</b>
Principal Occupation <b>Attorney</b>	Name of Employer <b>Blondin Law Office, LLC</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/11/2022</b>	Aggregate Contributions <b>\$500.00</b>
		Amount of Contribution <b>\$250.00</b>	

Last Name <b>Becker</b>	First <b>Sandra</b>	MI	Contribution ID # <b>0057</b>
Residential Street Address <b>467 Goshen Rd</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code <b>06759</b>
Principal Occupation <b>Realtor</b>	Name of Employer <b>E.J. Murphy Realty LLC</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/20/2022</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>Zinser</b>	First <b>Alan</b>	MI	Contribution ID # <b>0015</b>
Residential Street Address <b>113 Minertown Rd</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/22/2022</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$50.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Zinser</b>	First <b>Alan</b>	MI	Contribution ID # <b>0015</b>
Residential Street Address <b>113 Minortown Rd</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code <b>06798</b>
Principal Occupation <b>Business Broker</b>	Name of Employer <b>Murphy Business Sales Connecticut</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>02/22/2022</b>	Aggregate Contributions <b>\$50.00</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$50.00</b>	

Last Name <b>West</b>	First <b>Kippy</b>	MI	Contribution ID # <b>0016</b>
Residential Street Address <b>148 Tuttle Rd</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code <b>06798</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>02/23/2022</b>	Aggregate Contributions <b>\$50.00</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$50.00</b>	

Last Name <del>West</del>	First <del>Kippy</del>	MI	Contribution ID # <del>0016</del>
Residential Street Address <del>148 Tuttle Rd</del>	City <del>Woodbury</del>	State <del>CT</del>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <del>02/23/2022</del>	Aggregate Contributions <del>\$100.00-</del>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <del>\$50.00-</del>	

Last Name <b>Zullo</b>	First <b>Kathryn</b>	MI <b>A</b>	Contribution ID # <b>0062</b>
Residential Street Address <b>67 Gallaus Ln</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code <b>06759</b>
Principal Occupation <b>Educator</b>	Name of Employer <b>Litchfield Historical Society</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>02232022A</b>		Date Received <b>02/23/2022</b>	Aggregate Contributions <b>\$70.00</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$35.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Clouther</b>	First <b>Darlene</b>	MI <b>L</b>	Contribution ID # <b>0063</b>
Residential Street Address <b>1104 Bantam Rd</b>	City <b>Bantam</b>	State <b>CT</b>	Zip Code <b>06750</b>
Principal Occupation <b>Insurance Agent</b>	Name of Employer <b>Clouther Agency LLC</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>02232022A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/23/2022</b>	Aggregate Contributions <b>\$100.00</b>
			Amount of Contribution <b>\$50.00</b>

Last Name <b>Waugh</b>	First <b>Gary</b>	MI <b>M</b>	Contribution ID # <b>0064</b>
Residential Street Address <b>66 E Chestnut Hill Rd</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code <b>06759</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>02232022A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/23/2022</b>	Aggregate Contributions <b>\$50.00</b>
			Amount of Contribution <b>\$25.00</b>

Last Name <b>Croci</b>	First <b>Sage</b>	MI <b>T</b>	Contribution ID # <b>0065</b>
Residential Street Address <b>126 Beach St</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code <b>06759</b>
Principal Occupation <b>Salon Owner</b>	Name of Employer <b>Salon 202</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>02232022A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/23/2022</b>	Aggregate Contributions <b>\$100.00</b>
			Amount of Contribution <b>\$50.00</b>

Last Name <b>Pavlick</b>	First <b>David</b>	MI <b>E</b>	Contribution ID # <b>0067</b>
Residential Street Address <b>49 Maple St</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code <b>06759</b>
Principal Occupation <b>Mental Health Practioner</b>	Name of Employer <b>Litchfield Neurofeedback</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>02232022A</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/23/2022</b>	Aggregate Contributions <b>\$200.00</b>
			Amount of Contribution <b>\$100.00</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Zullo</b>	First <b>Elaine</b>	MI <b>W</b>	Contribution ID # <b>0060</b>
Residential Street Address <b>105 E Chestnut Hill Rd</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code <b>06759</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>02232022A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/23/2022</b>	Aggregate Contributions <b>\$200.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Conti</b>	First <b>William</b>	MI <b>A</b>	Contribution ID # <b>0061</b>
Residential Street Address <b>3 Sarcka Ln</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code <b>06759</b>
Principal Occupation <b>Attorney</b>	Name of Employer <b>Conti, Levy, Salerno</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>02232022A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/23/2022</b>	Aggregate Contributions <b>\$400.00</b>
		Amount of Contribution <b>\$200.00</b>	

Last Name <b>Pavlick</b>	First <b>David</b>	MI <b>CT</b>	Contribution ID # <b>0067</b>
Residential Street Address <b>49 Maple St</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code <b>06759</b>
Principal Occupation <b>Mental Health Practioner</b>	Name of Employer <b>David Pavlick</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>02232022A</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/23/2022</b>	Aggregate Contributions <del><b>\$200.00</b></del>
		Amount of Contribution <del><b>\$100.00</b></del>	

Last Name <b>Glassman</b>	First <b>Betsy</b>	MI <b>CT</b>	Contribution ID # <b>0066</b>
Residential Street Address <b>38 Tapping Reeve Vlg</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code <b>06759</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>02232022A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/23/2022</b>	Aggregate Contributions <b>\$20.00</b>
		Amount of Contribution <b>\$20.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Croci</b>	First <b>Sage</b>	MI	Contribution ID # <b>0065</b>
Residential Street Address <b>126 Beach St</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code <b>06759</b>
Principal Occupation <b>Salon-Owner</b>	Name of Employer <b>Salon-202</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>02232022A</b>		Date Received <b>02/23/2022</b>	Aggregate Contributions <b>\$100.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$50.00-</b>	

Last Name <b>Waugh</b>	First <b>Gary</b>	MI	Contribution ID # <b>0064</b>
Residential Street Address <b>66 E Chestnut Hill Rd</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code <b>06759</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>02232022A</b>		Date Received <b>02/23/2022</b>	Aggregate Contributions <b>\$50.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$25.00-</b>	

Last Name <b>Clouther</b>	First <b>Darlene</b>	MI	Contribution ID # <b>0063</b>
Residential Street Address <b>1104 Bantam Rd</b>	City <b>Bantam</b>	State <b>CT</b>	Zip Code <b>06750</b>
Principal Occupation <b>Insurance Agent</b>	Name of Employer <b>Clouther Agency LLC</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>02232022A</b>		Date Received <b>02/23/2022</b>	Aggregate Contributions <b>\$100.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$50.00-</b>	

Last Name <b>Zullo</b>	First <b>Kathryn</b>	MI	Contribution ID # <b>0062</b>
Residential Street Address <b>67 Gallaus Ln</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code <b>06759</b>
Principal Occupation <b>Educator</b>	Name of Employer <b>Litchfield Historical Society</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>02232022A</b>		Date Received <b>02/23/2022</b>	Aggregate Contributions <b>\$70.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$35.00-</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Conti</b>	First <b>William</b>	MI	Contribution ID # <b>0061</b>
Residential Street Address <b>3 Sarcka Ln</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code <b>06759</b>
Principal Occupation <b>Attorney</b>	Name of Employer <b>Conti, Levy, Salerno</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>02232022A</b>		Date Received <b>02/23/2022</b>	Aggregate Contributions <b>\$400.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$200.00-</b>	

Last Name <b>Zullo</b>	First <b>Elaine</b>	MI	Contribution ID # <b>0060</b>
Residential Street Address <b>105 E Chestnut Hill Rd</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code <b>06759</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>02232022A</b>		Date Received <b>02/23/2022</b>	Aggregate Contributions <b>\$200.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00-</b>	

Last Name <b>Donovan</b>	First <b>Patricia</b>	MI	Contribution ID # <b>0059</b>
Residential Street Address <b>199 S Lake St</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code <b>06759</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>02232022A</b>		Date Received <b>02/23/2022</b>	Aggregate Contributions <b>\$100.00</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Donovan</b>	First <b>Patricia</b>	MI	Contribution ID # <b>0059</b>
Residential Street Address <b>199 S Lake St</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>02232022A</b>		Date Received <b>02/23/2022</b>	Aggregate Contributions <b>\$200.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00-</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Zullo</b>	First <b>Elaine</b>	MI	Contribution ID # <b>0060</b>
Residential Street Address <b>105 E Chestnut Hill Rd</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>02232022A</b>		Date Received <b>02/23/2022</b>	Aggregate Contributions <b>\$300.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00-</b>	

Last Name <b>Conti</b>	First <b>William</b>	MI	Contribution ID # <b>0061</b>
Residential Street Address <b>3 Sareka Ln</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer <b>Conti, Levy, Salerno</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>02232022A</b>		Date Received <b>02/23/2022</b>	Aggregate Contributions <b>\$600.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$200.00-</b>	

Last Name <b>Zullo</b>	First <b>Kathryn</b>	MI	Contribution ID # <b>0062</b>
Residential Street Address <b>67 Gallaus Ln</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>02232022A</b>		Date Received <b>02/23/2022</b>	Aggregate Contributions <b>\$105.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$35.00-</b>	

Last Name <b>Clouther</b>	First <b>Darlene</b>	MI	Contribution ID # <b>0063</b>
Residential Street Address <b>1104 Bantam Rd</b>	City <b>Bantam</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>02232022A</b>		Date Received <b>02/23/2022</b>	Aggregate Contributions <b>\$150.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$50.00-</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Waugh</b>	First <b>Gary</b>	MI	Contribution ID # <b>0064</b>
Residential Street Address <b>66 E Chestnut Hill Rd</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>02232022A</b>		Date Received <b>02/23/2022</b>	Aggregate Contributions <b>\$75.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$25.00-</b>	

Last Name <b>Greer</b>	First <b>Sage</b>	MI	Contribution ID # <b>0065</b>
Residential Street Address <b>126 Beach St</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>02232022A</b>		Date Received <b>02/23/2022</b>	Aggregate Contributions <b>\$150.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$50.00-</b>	

Last Name <b>Glassman</b>	First <b>Betsy</b>	MI	Contribution ID # <b>0066</b>
Residential Street Address <b>38 Tapping Reeve Vlg</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>02232022A</b>		Date Received <b>02/23/2022</b>	Aggregate Contributions <b>\$40.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$20.00-</b>	

Last Name <b>Daveick</b>	First <b>David</b>	MI	Contribution ID # <b>0067</b>
Residential Street Address <b>49 Maple St</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>02232022A</b>		Date Received <b>02/23/2022</b>	Aggregate Contributions <b>\$300.00-</b>
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00-</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Taylor</b>	First <b>Andrew</b>	MI	Contribution ID # <b>0018</b>
Residential Street Address <b>13 Woodbury HI</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code <b>06798</b>
Principal Occupation <b>Teacher</b>	Name of Employer <b>Taft School</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/24/2022</b>	Aggregate Contributions <b>\$200.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Overton</b>	First <b>Martin</b>	MI	Contribution ID # <b>0020</b>
Residential Street Address <b>495 Main St S</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code <b>06798</b>
Principal Occupation <b>Retailers</b>	Name of Employer <b>Farmhouse Antiques</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/24/2022</b>	Aggregate Contributions <b>\$200.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Rawson</b>	First <b>Gary</b>	MI	Contribution ID # <b>0022</b>
Residential Street Address <b>166B Circle Dr</b>	City <b>Bantam</b>	State <b>CT</b>	Zip Code <b>06750</b>
Principal Occupation <b>Mailman</b>	Name of Employer <b>United States Postal Service</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/24/2022</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>McFadden</b>	First <b>Marie</b>	MI	Contribution ID # <b>0017</b>
Residential Street Address <b>192 Hunter Dr</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/24/2022</b>	Aggregate Contributions <del>\$10.00</del>
		Amount of Contribution <del>\$5.00</del>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Taylor</b>	First <b>Andrew</b>	MI	Contribution ID # <b>0018</b>
Residential Street Address <b>13 Woodbury Hl</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/24/2022</b>	Aggregate Contributions <b>\$300.00-</b>
			Amount of Contribution <b>\$100.00-</b>

Last Name <b>Markelon</b>	First <b>John</b>	MI	Contribution ID # <b>0019</b>
Residential Street Address <b>21 Newcomb Rd</b>	City <b>Goshen</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/24/2022</b>	Aggregate Contributions <b>\$10.00-</b>
			Amount of Contribution <b>\$5.00-</b>

Last Name <b>Overton</b>	First <b>Martin</b>	MI	Contribution ID # <b>0020</b>
Residential Street Address <b>495 Main St S</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/24/2022</b>	Aggregate Contributions <b>\$300.00-</b>
			Amount of Contribution <b>\$100.00-</b>

Last Name <b>Tanguay</b>	First <b>Harmony</b>	MI	Contribution ID # <b>0021</b>
Residential Street Address <b>166B Circle Dr</b>	City <b>Bantam</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/24/2022</b>	Aggregate Contributions <b>\$50.00-</b>
			Amount of Contribution <b>\$25.00-</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Rawsom</b>	First <b>Gary</b>	MI	Contribution ID # <b>0022</b>
Residential Street Address <b>166B Circle Dr</b>	City <b>Bantam</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/24/2022</b>	Aggregate Contributions <b>\$75.00-</b> <b>\$25.00-</b>

Last Name <b>Birdsall</b>	First <b>Dean</b>	MI	Contribution ID # <b>0023</b>
Residential Street Address <b>55 High Bridge Rd</b>	City <b>Bantam</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/24/2022</b>	Aggregate Contributions <b>\$20.00-</b> <b>\$10.00-</b>

Last Name <b>McFadden</b>	First <b>Marie</b>	MI	Contribution ID # <b>0017</b>
Residential Street Address <b>192 Hunter Dr</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code <b>06759</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/24/2022</b>	Aggregate Contributions <b>\$5.00</b> <b>\$5.00</b>

Last Name <b>Taylor</b>	First <b>Andrew</b>	MI	Contribution ID # <b>0018</b>
Residential Street Address <b>13 Woodbury Hill</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code <b>06798</b>
Principal Occupation <b>Teacher</b>	Name of Employer <b>Taft School</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/24/2022</b>	Aggregate Contributions <b>\$200.00-</b> <b>\$100.00-</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Markelon</b>	First <b>John</b>	MI	Contribution ID # <b>0019</b>
Residential Street Address <b>21 Newcomb Rd</b>	City <b>Goshen</b>	State <b>CT</b>	Zip Code <b>06756</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/24/2022</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

Last Name <b>Overton</b>	First <b>Martin</b>	MI	Contribution ID # <b>0020</b>
Residential Street Address <b>495 Main St S</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code <b>06798</b>
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/24/2022</b>	Aggregate Contributions <del><b>\$200.00</b></del>
		Amount of Contribution <del><b>\$100.00</b></del>	

Last Name <b>Tanguay</b>	First <b>Harmony</b>	MI	Contribution ID # <b>0021</b>
Residential Street Address <b>166B Circle Dr</b>	City <b>Bantam</b>	State <b>CT</b>	Zip Code <b>06750</b>
Principal Occupation <b>Web Designer</b>	Name of Employer <b>Dog &amp; Pony Design LLC</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/24/2022</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>Rawsom</b>	First <b>Gary</b>	MI	Contribution ID # <b>0022</b>
Residential Street Address <b>166B Circle Dr</b>	City <b>Bantam</b>	State <b>CT</b>	Zip Code <b>06750</b>
Principal Occupation <b>Mailman</b>	Name of Employer <b>United States Postal Service</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/24/2022</b>	Aggregate Contributions <del><b>\$50.00</b></del>
		Amount of Contribution <del><b>\$25.00</b></del>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Birdsall</b>	First <b>Dean</b>	MI	Contribution ID # <b>0023</b>
Residential Street Address <b>55 High Bridge Rd</b>	City <b>Bantam</b>	State <b>CT</b>	Zip Code <b>06750</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/24/2022</b>	Aggregate Contributions <b>\$10.00</b>
		Amount of Contribution <b>\$10.00</b>	

Last Name <b>Fowler</b>	First <b>Daniel</b>	MI	Contribution ID # <b>0025</b>
Residential Street Address <b>46 Clark Rd</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code <b>06759</b>
Principal Occupation <b>Engineer</b>	Name of Employer <b>SYM Products</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/25/2022</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>Fowler</b>	First <b>Marcia</b>	MI	Contribution ID # <b>0026</b>
Residential Street Address <b>46 Clark St</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code <b>06759</b>
Principal Occupation <b>Manager</b>	Name of Employer <b>SYM Products</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/25/2022</b>	Aggregate Contributions <b>\$50.00-</b>
		Amount of Contribution <b>\$25.00-</b>	

Last Name <b>Fowler</b>	First <b>Daniel</b>	MI	Contribution ID # <b>0025</b>
Residential Street Address <b>46 Clark Rd</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/25/2022</b>	Aggregate Contributions <b>\$50.00-</b>
		Amount of Contribution <b>\$25.00-</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Fowler</b>	First <b>Marcia</b>	MI	Contribution ID # <b>0026</b>
Residential Street Address <b>46 Clark St</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/25/2022</b>	Aggregate Contributions <b>\$75.00-</b> <b>\$25.00-</b>

Last Name <b>Fowler</b>	First <b>Marcia</b>	MI	Contribution ID # <b>0026</b>
Residential Street Address <b>46 Clark Rd</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code <b>06759</b>
Principal Occupation <b>Manager</b>	Name of Employer <b>SYM Products</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/25/2022</b>	Aggregate Contributions <b>\$50.00</b> <b>\$25.00</b>

Last Name <b>Monti</b>	First <b>William</b>	MI	Contribution ID # <b>0027</b>
Residential Street Address <b>65 Woodbury HI</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code <b>06798</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/26/2022</b>	Aggregate Contributions <b>\$20.00</b> <b>\$10.00</b>

Last Name <b>Monti</b>	First <b>William</b>	MI	Contribution ID # <b>0027</b>
Residential Street Address <b>65 Woodbury HI</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/26/2022</b>	Aggregate Contributions <b>\$30.00-</b> <b>\$10.00-</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Monti</b>	First <b>William</b>	MI	Contribution ID # <b>0027</b>
Residential Street Address <b>65 Woodbury HI</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code <b>06798</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>02/26/2022</b>	Aggregate Contributions <b>\$20.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$10.00-</b>	

Last Name <b>Grayson</b>	First <b>Linda</b>	MI	Contribution ID # <b>0028</b>
Residential Street Address <b>14 Woodbury HI</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code <b>06798</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>03/02/2022</b>	Aggregate Contributions <b>\$20.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$10.00-</b>	

Last Name <b>Linda</b>	First <b>Grayson</b>	MI	Contribution ID # <b>0028</b>
Residential Street Address <b>14 Woodbury HI</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>03/02/2022</b>	Aggregate Contributions <b>\$30.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$10.00-</b>	

Last Name <b>Grayson</b>	First <b>Linda</b>	MI	Contribution ID # <b>0028</b>
Residential Street Address <b>14 Woodbury HI</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code <b>06798</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>03/02/2022</b>	Aggregate Contributions <b>\$20.00</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$10.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Monti</b>	First <b>Barbara</b>	MI	Contribution ID # <b>0029</b>
Residential Street Address <b>65 Woodbury HI</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code <b>06798</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>03/04/2022</b>	Aggregate Contributions <b>\$20.00</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$10.00</b>	

Last Name <b>Geddes</b>	First <b>Kristine</b>	MI	Contribution ID # <b>0033</b>
Residential Street Address <b>48 Mountain Rd</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code <b>06798</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired Educator</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>03/04/2022</b>	Aggregate Contributions <b>\$50.00</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$25.00</b>	

Last Name <b>Monti</b>	First <b>Barbara</b>	MI	Contribution ID # <b>0029</b>
Residential Street Address <del>65 Woodbury Hill Rd</del>	City <del>Woodbury</del>	State <del>CT</del>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>03/04/2022</b>	Aggregate Contributions <del>\$30.00</del>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <del>\$10.00</del>	

Last Name <b>Marguerite</b>	First <b>Starr</b>	MI	Contribution ID # <b>0030</b>
Residential Street Address <b>246 Church Hill Rd</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>03/04/2022</b>	Aggregate Contributions <del>\$200.00</del>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <del>\$100.00</del>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Bates</b>	First <b>Toby</b>	MI	Contribution ID # <b>0031</b>
Residential Street Address <b>50 Louis Rd</b>	City <b>Middlefield</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>03/04/2022</b>	Aggregate Contributions <b>\$100.00-</b>
		<b>\$50.00-</b>	

Last Name <b>Dorgan</b>	First <b>Pamela</b>	MI	Contribution ID # <b>0032</b>
Residential Street Address <b>192 Quassuk Rd</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>03/04/2022</b>	Aggregate Contributions <b>\$100.00-</b>
		<b>\$50.00-</b>	

Last Name <b>Geddes</b>	First <b>Kristen</b>	MI	Contribution ID # <b>0033</b>
Residential Street Address <b>40 Mountain Rd</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>03/04/2022</b>	Aggregate Contributions <b>\$75.00-</b>
		<b>\$25.00-</b>	

Last Name <b>Monti</b>	First <b>Barbara</b>	MI	Contribution ID # <b>0029</b>
Residential Street Address <b>65 Woodbury Hill Rd</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code <b>06798</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>03/04/2022</b>	Aggregate Contributions <b>\$20.00-</b>
		<b>\$10.00-</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Starr</b>	First <b>Marguerite</b>	MI	Contribution ID # <b>0030</b>
Residential Street Address <b>246 Church Hill Rd</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code <b>06798</b>
Principal Occupation <b>Real Estate Agent</b>	Name of Employer <b>William Raveis Real Estate</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>03/04/2022</b>
		Aggregate Contributions <b>\$100.00</b>	Amount of Contribution <b>\$100.00</b>

Last Name <b>Bates</b>	First <b>Toby</b>	MI	Contribution ID # <b>0031</b>
Residential Street Address <b>50 Louis Rd</b>	City <b>Middlefield</b>	State <b>CT</b>	Zip Code <b>06455</b>
Principal Occupation <b>Human Resources</b>	Name of Employer <b>Weslyan University</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>03/04/2022</b>
		Aggregate Contributions <b>\$50.00</b>	Amount of Contribution <b>\$50.00</b>

Last Name <b>Dorgan</b>	First <b>Pamela</b>	MI	Contribution ID # <b>0032</b>
Residential Street Address <b>192 Quassuk Rd</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code <b>06798</b>
Principal Occupation <b>Chocolatier</b>	Name of Employer <b>Plum Brook Chocolate LLC</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>03/04/2022</b>
		Aggregate Contributions <b>\$50.00</b>	Amount of Contribution <b>\$50.00</b>

Last Name <b>Geddes</b>	First <b>Kristine</b>	MI	Contribution ID # <b>0033</b>
Residential Street Address <b>40 Mountain Rd</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code <b>06798</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>03/04/2022</b>
		Aggregate Contributions <b><del>\$50.00</del></b>	Amount of Contribution <b><del>\$50.00</del></b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Cruoglio</b>	First <b>Kara</b>	MI	Contribution ID # <b>0034</b>
Residential Street Address <b>102 Hemlock Hill Rd</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code <b>06759</b>
Principal Occupation <b>Senior Product Manager</b>	Name of Employer <b>Jackson River / Togetherwork</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>03/06/2022</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>Zakriski</b>	First <b>Michael</b>	MI	Contribution ID # <b>0035</b>
Residential Street Address <b>102 Hemlock Hill Rd</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code <b>06759</b>
Principal Occupation <b>Technical Writer</b>	Name of Employer <b>GDIT</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>03/06/2022</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>Sherman</b>	First <b>Bonnie</b>	MI	Contribution ID # <b>0036</b>
Residential Street Address <b>332 White Deer Rock Rd</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code <b>06798</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>03/06/2022</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>Sherman</b>	First <b>Jeffrey</b>	MI	Contribution ID # <b>0037</b>
Residential Street Address <b>332 White Deer Rock Rd</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code <b>06798</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>03/06/2022</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Sherman</b>	First <b>Jonathan</b>	MI	Contribution ID # <b>0038</b>
Residential Street Address <b>332 White Deer Rock Rd</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code <b>06798</b>
Principal Occupation <b>Computer Support</b>	Name of Employer <b>DXC</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>03/06/2022</b>	Aggregate Contributions <b>\$10.00</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$10.00</b>	

Last Name <b>Eruglio</b>	First <b>Kara</b>	MI	Contribution ID # <b>0034</b>
Residential Street Address <b>102 Hemlock Hill Rd</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>03/06/2022</b>	Aggregate Contributions <b>\$50.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$25.00-</b>	

Last Name <b>Zakrski</b>	First <b>Michael</b>	MI	Contribution ID # <b>0035</b>
Residential Street Address <b>102 Hemlock Hill Rd</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>03/06/2022</b>	Aggregate Contributions <b>\$50.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$25.00-</b>	

Last Name <b>Sherman</b>	First <b>Bonnie</b>	MI	Contribution ID # <b>0036</b>
Residential Street Address <b>332 White Deer Rock Rd</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>03/06/2022</b>	Aggregate Contributions <b>\$50.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$25.00-</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Sherman</b>	First <b>Jeffery</b>	MI	Contribution ID # <b>0037</b>
Residential Street Address <b>332 White Deer Rock Rd</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>03/06/2022</b>	Aggregate Contributions <b>\$50.00-</b> <b>\$25.00-</b>

Last Name <b>Sherman</b>	First <b>Jonathan</b>	MI	Contribution ID # <b>0038</b>
Residential Street Address <b>332 White Deer Rock Rd</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>03/06/2022</b>	Aggregate Contributions <b>\$20.00-</b> <b>\$10.00-</b>

Last Name <b>Aberg</b>	First <b>Mary</b>	MI	Contribution ID # <b>0039</b>
Residential Street Address <b>4 Alder Ct</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>03/07/2022</b>	Aggregate Contributions <b>\$40.00-</b> <b>\$20.00-</b>

Last Name <b>Aberg</b>	First <b>Mary</b>	MI	Contribution ID # <b>0039</b>
Residential Street Address <b>4 Alder Ct</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code <b>06798</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>03/07/2022</b>	Aggregate Contributions <b>\$20.00</b> <b>\$20.00</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Peters</b>	First <b>Lesia</b>	MI	Contribution ID # <b>0040</b>
Residential Street Address <b>155 Good Hill Rd</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code <b>06798</b>
Principal Occupation <b>Computer Software, Technical Support Manager</b>	Name of Employer <b>Select Business Solutions</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>03/08/2022</b>
		Aggregate Contributions <b>\$100.00</b>	Amount of Contribution <b>\$100.00</b>

Last Name <b>Buchberger</b>	First <b>Thomas</b>	MI	Contribution ID # <b>0041</b>
Residential Street Address <b>46 Washington Rd</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code <b>06798</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>03/08/2022</b>
		Aggregate Contributions <b>\$25.00</b>	Amount of Contribution <b>\$25.00</b>

Last Name <b>Lupo</b>	First <b>Jennine</b>	MI	Contribution ID # <b>0042</b>
Residential Street Address <b>109 E Chestnut Hill Rd</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code <b>06759</b>
Principal Occupation <b>Director</b>	Name of Employer <b>United States House of Representatives</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>03/08/2022</b>
		Aggregate Contributions <b>\$50.00</b>	Amount of Contribution <b>\$50.00</b>

Last Name <b>Peters</b>	First <b>Lesia</b>	MI	Contribution ID # <b>0040</b>
Residential Street Address <b>155 Good Hill Rd</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>03/08/2022</b>
		Aggregate Contributions <b>\$200.00</b>	Amount of Contribution <b>\$100.00</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Buchberger</b>	First <b>Thomas</b>	MI	Contribution ID # <b>0041</b>
Residential Street Address <b>46 Washington Rd</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>03/08/2022</b>	Aggregate Contributions <b>\$50.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$25.00-</b>	

Last Name <b>Lupo</b>	First <b>Jennine</b>	MI	Contribution ID # <b>0042</b>
Residential Street Address <b>109 E Chestnut Hill Rd</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>03/08/2022</b>	Aggregate Contributions <b>\$100.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$50.00-</b>	

Last Name <b>Chandler</b>	First <b>Linda</b>	MI	Contribution ID # <b>0071</b>
Residential Street Address <b>235 Tuttle Rd</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>03/09/2022</b>	Aggregate Contributions <b>\$150.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$75.00-</b>	

Last Name <b>Chandler</b>	First <b>Linda</b>	MI	Contribution ID # <b>0071</b>
Residential Street Address <b>235 Tuttle Rd</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code <b>06798</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>03/09/2022</b>	Aggregate Contributions <b>\$75.00</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$75.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Armstrong</b>	First <b>Judie</b>	MI	Contribution ID # <b>0043</b>
Residential Street Address <b>30 Sherbrook Dr</b>	City <b>Goshen</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>03/10/2022</b>	Aggregate Contributions <b>\$50.00-</b>
			<b>\$25.00-</b>

Last Name <b>Raap</b>	First <b>Denise</b>	MI	Contribution ID # <b>0044</b>
Residential Street Address <b>83 S Lake St</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code
Principal Occupation <b>First Selectman</b>	Name of Employer <b>Self</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>03/10/2022</b>	Aggregate Contributions <b>\$500.00-</b>
			<b>\$250.00-</b>

Last Name <b>Armstrong</b>	First <b>Judi</b>	MI	Contribution ID # <b>0043</b>
Residential Street Address <b>30 Sherbrook Dr</b>	City <b>Goshen</b>	State <b>CT</b>	Zip Code <b>06756</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>03/10/2022</b>	Aggregate Contributions <b>\$25.00</b>
			<b>\$25.00</b>

Last Name <b>Raap</b>	First <b>Denise</b>	MI	Contribution ID # <b>0044</b>
Residential Street Address <b>83 S Lake St</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code <b>06759</b>
Principal Occupation <b>First Selectwoman</b>	Name of Employer <b>Town of Litchfield</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>03/10/2022</b>	Aggregate Contributions <b>\$250.00</b>
			<b>\$250.00</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Ellis</b>	First <b>David</b>	MI	Contribution ID # <b>0045</b>
Residential Street Address <b>221 North St</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code
Principal Occupation <b>Campaign Manager</b>	Name of Employer <b>Self</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/11/2022</b>	Aggregate Contributions <b>\$500.00-</b>
If yes, list Event #		Amount of Contribution <b>\$250.00-</b>	

Last Name <b>Ellis</b>	First <b>Barbara</b>	MI	Contribution ID # <b>0046</b>
Residential Street Address <b>221 North St</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code
Principal Occupation <b>Campaign Manager</b>	Name of Employer <b>Self</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/11/2022</b>	Aggregate Contributions <b>\$500.00-</b>
If yes, list Event #		Amount of Contribution <b>\$250.00-</b>	

Last Name <b>Sherman</b>	First <b>Martha</b>	MI <b>R</b>	Contribution ID # <b>0070</b>
Residential Street Address <b>43 Eat Hill Rd</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code <b>06798</b>
Principal Occupation <b>Website Designer</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/11/2022</b>	Aggregate Contributions <b>\$75.00-</b>
If yes, list Event #		Amount of Contribution <b>\$25.00-</b>	

Last Name <b>Sherman</b>	First <b>Andrew</b>	MI	Contribution ID # <b>0069</b>
Residential Street Address <b>41 E Hill Rd</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code <b>06798</b>
Principal Occupation <b>Computer Software</b>	Name of Employer <b>Yale University</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/11/2022</b>	Aggregate Contributions <b>\$50.00-</b>
If yes, list Event #		Amount of Contribution <b>\$25.00-</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Sherman</b>	First <b>Andrew</b>	MI	Contribution ID # <b>0069</b>
Residential Street Address <b>41 E Hill Rd</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/11/2022</b>	Aggregate Contributions <b>\$75.00-</b>
		Amount of Contribution <b>\$25.00-</b>	

Last Name <b>Sherman</b>	First <b>Martha</b>	MI <b>R</b>	Contribution ID # <b>0070</b>
Residential Street Address <b>43 East Hill Rd</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/11/2022</b>	Aggregate Contributions <b>\$100.00-</b>
		Amount of Contribution <b>\$25.00-</b>	

Last Name <b>Ellis</b>	First <b>Barbara</b>	MI	Contribution ID # <b>0046</b>
Residential Street Address <b>221 North St</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code <b>06759</b>
Principal Occupation <b>Campaign Manager</b>	Name of Employer <b>Friends of Johana Hayes</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/11/2022</b>	Aggregate Contributions <b>\$250.00</b>
		Amount of Contribution <b>\$250.00</b>	

Last Name <b>Bernard</b>	First <b>David</b>	MI	Contribution ID # <b>0045</b>
Residential Street Address <b>221 North St</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code <b>06759</b>
Principal Occupation <b>Attorney</b>	Name of Employer <b>Koskoff, Koskoff &amp; Bieder, PC</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/11/2022</b>	Aggregate Contributions <b>\$250.00</b>
		Amount of Contribution <b>\$250.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Sherman</b>	First <b>Martha</b>	MI <b>R</b>	Contribution ID # <b>0070</b>
Residential Street Address <b>43 E Hill Rd</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code <b>06798</b>
Principal Occupation <b>Website Designer</b>	Name of Employer <b>Sherman Communications</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/11/2022</b>	Aggregate Contributions <b>\$75.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>Sherman</b>	First <b>Andrew</b>	MI <b>H</b>	Contribution ID # <b>0069</b>
Residential Street Address <b>41 E Hill Rd</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code <b>06798</b>
Principal Occupation <b>Computer Software</b>	Name of Employer <b>Yale University</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/11/2022</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>Sherman</b>	First <b>Martha</b>	MI <b>R</b>	Contribution ID # <b>0070</b>
Residential Street Address <b>43 E Hill Rd</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code <b>06798</b>
Principal Occupation <b>Website Designer</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/11/2022</b>	Aggregate Contributions <b>\$75.00-</b>
		Amount of Contribution <b>\$25.00-</b>	

Last Name <b>Geddes</b>	First <b>William</b>	MI	Contribution ID # <b>0047</b>
Residential Street Address <b>48 Mountain Rd</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>03/12/2022</b>	Aggregate Contributions <b>\$50.00-</b>
		Amount of Contribution <b>\$25.00-</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Geddes</b>	First <b>William</b>	MI	Contribution ID # <b>0047</b>
Residential Street Address <b>48 Mountain Rd</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code <b>06798</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>03/12/2022</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>Manzi-Platt</b>	First <b>Rosalie</b>	MI	Contribution ID # <b>0048</b>
Residential Street Address <b>485 Washington Rd</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code <b>06798</b>
Principal Occupation <b>Registrar of Voters</b>	Name of Employer <b>Town of Woodbury</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>03/13/2022</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>Edelson Baskin</b>	First <b>Sarah</b>	MI	Contribution ID # <b>0049</b>
Residential Street Address <b>10 Heather Ct</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code <b>06798</b>
Principal Occupation <b>Operations Officer</b>	Name of Employer <b>Connecticut Community Foundation</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>03/13/2022</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>Baskin</b>	First <b>Jackson</b>	MI	Contribution ID # <b>0050</b>
Residential Street Address <b>10 Heather Ct</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code <b>06798</b>
Principal Occupation <b>Student</b>	Name of Employer <b>Student</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>03/13/2022</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Manzi-Platt</b>	First <b>Rosalie</b>	MI	Contribution ID # <b>0048</b>
Residential Street Address <b>485 Washington Rd</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>03/13/2022</b>	Aggregate Contributions <b>\$50.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$25.00-</b>	

Last Name <b>Edelson-Baskin</b>	First <b>Sarah</b>	MI	Contribution ID # <b>0049</b>
Residential Street Address <b>10 Heather Ct</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>03/13/2022</b>	Aggregate Contributions <b>\$100.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$50.00-</b>	

Last Name <b>Baskin</b>	First <b>Jackson</b>	MI	Contribution ID # <b>0050</b>
Residential Street Address <b>10 Heather Ct</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>03/13/2022</b>	Aggregate Contributions <b>\$50.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$25.00-</b>	

Last Name <b>Murtagh</b>	First <b>Roberta</b>	MI	Contribution ID # <b>0051</b>
Residential Street Address <b>29 Nonnewaug Rd</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>03/15/2022</b>	Aggregate Contributions <b>\$20.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$10.00-</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Murtagh</b>		First <b>Roberta</b>		MI	Contribution ID # <b>0051</b>
Residential Street Address <b>29 Nonnewaug Rd</b>		City <b>Woodbury</b>		State <b>CT</b>	Zip Code <b>06798</b>
Principal Occupation <b>Retired</b>			Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$10.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/15/2022</b>	
				Aggregate Contributions <b>\$10.00</b>	

Last Name <b>Price</b>		First <b>Steven</b>		MI	Contribution ID # <b>0052</b>
Residential Street Address <b>105 Hoop Pole Hill Rd</b>		City <b>Woodbury</b>		State <b>CT</b>	Zip Code <b>06798</b>
Principal Occupation <b>Retired</b>			Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$25.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/16/2022</b>	
				Aggregate Contributions <b>\$25.00</b>	

Last Name <b>Price</b>		First <b>Steven</b>		MI	Contribution ID # <b>0052</b>
Residential Street Address <del>105 Hoop Pole Hill Rd</del>		City <del>Woodbury</del>		State <del>CT</del>	Zip Code
Principal Occupation			Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <del>\$25.00</del>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <del>03/16/2022</del>	
				Aggregate Contributions <del>\$50.00</del>	

Last Name <del>de Castro</del>		First <b>Natalie</b>		MI	Contribution ID # <del>0053</del>
Residential Street Address <del>58 Quail Run Rd</del>		City <del>Woodbury</del>		State <del>CT</del>	Zip Code
Principal Occupation			Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <del>\$5.00</del>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <del>03/17/2022</del>	
				Aggregate Contributions <del>\$10.00</del>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>de Castro</b>	First <b>Natalie</b>	MI	Contribution ID # <b>0053</b>
Residential Street Address <b>58 Quail Run Rd</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code <b>06798</b>
Principal Occupation <b>Homemaker</b>	Name of Employer <b>Homemaker</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>03/17/2022</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

Last Name <b>Breslin</b>	First <b>Timothy</b>	MI <b>M</b>	Contribution ID # <b>0068</b>
Residential Street Address <b>137 Old South Rd</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code <b>06759</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/19/2022</b>	Aggregate Contributions <b>\$200.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Breslin</b>	First <b>Timothy</b>	MI	Contribution ID # <b>0068</b>
Residential Street Address <b>137 Old South Rd</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/19/2022</b>	Aggregate Contributions <b>\$300.00-</b>
		Amount of Contribution <b>\$100.00-</b>	

Last Name <b>Breslin</b>	First <b>Timothy</b>	MI	Contribution ID # <b>0068</b>
Residential Street Address <b>137 Old South Rd</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code <b>06759</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/19/2022</b>	Aggregate Contributions <b>\$200.00-</b>
		Amount of Contribution <b>\$100.00-</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Botelle-Sherman</b>	First <b>Sharon</b>	MI <b>K</b>	Contribution ID # <b>0073</b>
Residential Street Address <b>17 South Mdws</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/20/2022</b>	Aggregate Contributions <b>\$0.00-</b>
		Amount of Contribution <b>\$50.00-</b>	

Last Name <b>Minor</b>	First <b>Matthew</b>	MI <b>CT</b>	Contribution ID # <b>0072</b>
Residential Street Address <b>69 Great Hollow Rd</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/26/2022</b>	Aggregate Contributions <b>\$0.00-</b>
		Amount of Contribution <b>\$35.00-</b>	

Last Name <b>Barbieri</b>	First <b>Novene</b>	MI <b>CT</b>	Contribution ID # <b>0054</b>
Residential Street Address <b>2 Old Flanders Rd</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code <b>06798</b>
Principal Occupation <b>Childcare Worker</b>	Name of Employer <b>Novene Barbieri</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>03/26/2022</b>	Aggregate Contributions <b>\$200.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Barbieri</b>	First <b>Novene</b>	MI <b>CT</b>	Contribution ID # <b>0054</b>
Residential Street Address <b>2 Old Flanders Rd</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code <b>06798</b>
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>03/26/2022</b>	Aggregate Contributions <b>\$200.00-</b>
		Amount of Contribution <b>\$100.00-</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Barbieri</b>	First <b>Novene</b>	MI	Contribution ID # <b>0054</b>
Residential Street Address <b>2 Old Flanders Rd</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>03/26/2022</b>
		Aggregate Contributions <b>\$300.00-</b>	Amount of Contribution <b>\$100.00-</b>

Last Name <b>Gans</b>	First <b>Patricia</b>	MI	Contribution ID # <b>0055</b>
Residential Street Address <b>6 Woods Way</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>03/30/2022</b>
		Aggregate Contributions <b>\$15.00-</b>	Amount of Contribution <b>\$5.00-</b>

Last Name <b>Winston</b>	First <b>Howard</b>	MI	Contribution ID # <b>0056</b>
Residential Street Address <b>6 Woods Way</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>03/30/2022</b>
		Aggregate Contributions <b>\$15.00-</b>	Amount of Contribution <b>\$5.00-</b>

Last Name <b>Becker</b>	First <b>Sandra</b>	MI	Contribution ID # <b>0057</b>
Residential Street Address <b>467 Goshen Rd</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/30/2022</b>
		Aggregate Contributions <b>\$100.00-</b>	Amount of Contribution <b>\$50.00-</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Cohen</b>	First <b>Douglas</b>	MI	Contribution ID # <b>0058</b>	
Residential Street Address <b>4 Emerson Ct</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code	
Principal Occupation	Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>02232022A</b>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/30/2022</b>	Aggregate Contributions <b>\$200.00-</b>
		Amount of Contribution <b>\$100.00-</b>		

Last Name <b>Gans</b>	First <b>Patricia</b>	MI	Contribution ID # <b>0055</b>	
Residential Street Address <b>6 Woods Way</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code <b>06798</b>	
Principal Occupation <b>Executive Director</b>	Name of Employer <b>Random Acts of Kindness Jr</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>03/30/2022</b>	Aggregate Contributions <b>\$10.00-</b>
		Amount of Contribution <b>\$5.00-</b>		

Last Name <b>Winston</b>	First <b>Howard</b>	MI	Contribution ID # <b>0056</b>	
Residential Street Address <b>6 Woods Way</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code <b>06798</b>	
Principal Occupation <b>University Professor</b>	Name of Employer <b>University of Connecticut</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>03/30/2022</b>	Aggregate Contributions <b>\$10.00-</b>
		Amount of Contribution <b>\$5.00-</b>		

Last Name <b>Gans</b>	First <b>Patrice</b>	MI	Contribution ID # <b>0055</b>	
Residential Street Address <b>6 Woods Way</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code <b>06798</b>	
Principal Occupation <b>Executive Director</b>	Name of Employer <b>Random Hacks of Kindness Jr</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>03/30/2022</b>	Aggregate Contributions <b>\$10.00</b>
		Amount of Contribution <b>\$5.00</b>		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Winston</b>	First <b>Howard</b>	MI	Contribution ID # <b>0056</b>
Residential Street Address <b>6 Woods Way</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code <b>06798</b>
Principal Occupation <b>University Professor</b>	Name of Employer <b>University of Connecticut</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>03/30/2022</b>	Aggregate Contributions <b>\$10.00</b>
			Amount of Contribution <b>\$5.00</b>

Last Name <b>Cohen</b>	First <b>Douglas</b>	MI	Contribution ID # <b>0058</b>
Residential Street Address <b>4 Emerson Ct</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code <b>06759</b>
Principal Occupation <b>Writer / Vocal Coach</b>	Name of Employer <b>Green Grape Productions</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>02232022A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/30/2022</b>	Aggregate Contributions <b>\$100.00</b>
			Amount of Contribution <b>\$100.00</b>

Last Name <b>Griswold</b>	First <b>Gillian</b>	MI	Contribution ID # <b>0074</b>
Residential Street Address <b>7 Orenaug Ave</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code <b>06798</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>03/31/2022</b>	Aggregate Contributions <b>\$10.00</b>
			Amount of Contribution <b>\$10.00</b>

<b>Total of Section B</b>			<b>\$4,010.00</b>
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b>			<b>\$4,010.00</b>

(Sections A + B) (Total on Line 14, Column A of Summary Page)

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

**C1. Contributions from Other Committees**

Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section J1?		Yes	No	Amount of Contribution
City			State	Zip Code	Date Received	Aggregate Contributions	
If yes, list Event #							

**Total of Section C1****I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

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

Name of Committee				Name of Treasurer		
Address				Date Received		Amount of Receipt
City		State	Zip Code	Payment Type		
				Reimbursement for shared expense		
				Surplus distribution from exploratory committee		
Expenditure #	Description					

**Total of Section C2**

<b>I. MONETARY RECEIPTS (Section A-I)</b>					
NAME OF COMMITTEE				TYPE OF REPORT	
Dyer for House				April 10 Filing - Amendment	
<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?
					Yes      No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address		City	State	Zip Code	
<b>Total of Section D</b>					

<b>I. MONETARY RECEIPTS (Section A-I)</b>					
NAME OF COMMITTEE				TYPE OF REPORT	
Dyer for House				April 10 Filing - Amendment	
<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>					

<b>I. Monetary Receipts (Section A-I)</b>					
NAME OF COMMITTEE				TYPE OF REPORT	
Dyer for House				April 10 Filing - Amendment	
<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-I)**

NAME OF COMMITTEE	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

**H. Public Grant Funds Received from the Citizens' Election Fund**

Purpose of Grant:	Grant Cycle:	Date Received	Amount
Initial Grant Adjustment Supplemental/Post Election Deficit	Primary General Election Special Election		

**Total of Section H**

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

NAME OF COMMITTEE	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

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

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

**Total of Section I**

## II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Dyer for House		April 10 Filing - Amendment	
J1. Event Information			
Event # Date of Event 02/23/2022	Letter A	Description Meet and Greet Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 88 Hunter Dr		City Litchfield	State CT      Zip Code
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.
		<input checked="" type="checkbox"/> 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?		<input type="checkbox"/> Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
		<input checked="" type="checkbox"/> No	
<b>Subpart 1:</b> Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes	(If yes, enter Total Receipts here.)
		<input checked="" type="checkbox"/> No	\$0.00
Event # Date of Event 03/20/2022	Letter B	Description Home Fundraiser	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 113 Minortown Rd		City Woodbury	State CT      Zip Code 06798
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.
		<input type="checkbox"/> 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?		<input type="checkbox"/> Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
		<input checked="" type="checkbox"/> No	
<b>Subpart 1:</b> Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes	(If yes, enter Total Receipts here.)
		<input checked="" type="checkbox"/> No	\$0.00
<b>Total of Section J1</b>			<b>\$0.00</b>

**II. EVENT ACTIVITY (Sections J1 - J4)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

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

Name of the Donor

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

<b>Total of Section J3</b>	
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**II. EVENT ACTIVITY (Sections J1 - J4)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

**J4. In-Kind Donations Not Considered Contributions Associated with a House Party**

Name of Host <b>Cynthia &amp; Alan Zinser</b>		Is this event supporting more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Itemization in Addendum J4	
Street Address <b>113 Minortown Rd</b>		City <b>Woodbury</b>	State   Zip Code <b>CT</b>
Description of Donation <b>Zinser Party</b>			Fair Market Value of Donation
Event # <b>03202022B</b>	Aggregate value of this Event - all hosts <del><b>\$115.58</b></del>	Aggregate value of all Events - this host/candidate <del><b>\$115.58</b></del>	<del><b>\$115.58</b></del>

Name of Host <b>Cynthia &amp; Alan Zinser</b>		Is this event supporting more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Itemization in Addendum J4	
Street Address <b>113 Minortown Rd</b>		City <b>Woodbury</b>	State   Zip Code <b>CT 06798</b>
Description of Donation <b>Zinser Party</b>			Fair Market Value of Donation
Event # <b>03202022B</b>	Aggregate value of this Event - all hosts <b>\$115.58</b>	Aggregate value of all Events - this host/candidate <b>\$115.58</b>	<b>\$115.58</b>

<b>Total of Section J4</b>		<b>\$115.58</b>
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**III. NONMONETARY RECEIPTS (Sections K - L)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

**K. In-Kind Contributions**

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

**Total of Section K**

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

**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
			Amount of Deposit

**Total of Section L**

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

**N. Expenses Paid By Committee**

Name of Payee <b>Anedot Political Accounts</b>		Date of Payment <b>03/31/2022</b>	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address <b>1340 Poydras St</b>		City <b>New Orleans</b>		State <b>LA</b>
				Zip Code <b>70112</b>
Purpose of Expend <b>BNK</b>	Description <b>Anedot fees from XXXXX through March 31, 2022</b>			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	<b>\$96.10</b>
<b>Total of Section N</b>				<b>\$96.10</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

### O. Expenses Paid By Candidate

Name of Payee (Name of vendor who candidate paid directly)		Date of Payment	Is Reimbursement Claimed?
<del>Mozzicato DePasquale Bake</del>		<del>02/19/2022</del>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Street Address	City	State	Zip Code
<del>125 New Britian Ave</del>	<del>Hartford</del>	<del>CT</del>	<del>06101</del>
Purpose of Expenditure (by code)	Description	Event #	Amount
<del>FOOD</del>	<del>Cookies for event</del>	<del>02232022A</del>	<del>\$48.00</del>
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment	Is Reimbursement Claimed?
<del>Bottle Stop Wine &amp; Spirit</del>		<del>02/19/2022</del>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Street Address	City	State	Zip Code
<del>31 S Main St</del>	<del>Torrington</del>	<del>CT</del>	<del>06790</del>
Purpose of Expenditure (by code)	Description	Event #	Amount
<del>FOOD</del>	<del>Drinks for event</del>	<del>02232022A</del>	<del>\$76.88</del>
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment	Is Reimbursement Claimed?
<del>Bottle Stop Wine &amp; Spirit</del>		<del>02/19/2022</del>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	City	State	Zip Code
<del>31 S Main St</del>	<del>Torrington</del>	<del>CT</del>	<del>06790</del>
Purpose of Expenditure (by code)	Description	Event #	Amount
<del>FOOD</del>	<del>Drinks for event</del>	<del>02232022A</del>	<del>\$76.88</del>
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment	Is Reimbursement Claimed?
<del>Mozzicato DePasquale Bake</del>		<del>02/19/2022</del>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	City	State	Zip Code
<del>125 New Britian Ave</del>	<del>Hartford</del>	<del>CT</del>	<del>06101</del>
Purpose of Expenditure (by code)	Description	Event #	Amount
<del>FOOD</del>	<del>Cookies for event</del>	<del>02232022A</del>	<del>\$48.00</del>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

#### O. Expenses Paid By Candidate

Name of Payee (Name of vendor who candidate paid directly)		Date of Payment	Is Reimbursement Claimed?	
<b>Bottle Stop Wine &amp; Spirit</b>		<b>02/19/2022</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address	City	State	Zip Code	Amount
<b>31 S Main St</b>	<b>Torrington</b>	<b>CT</b>	<b>06790</b>	
Purpose of Expenditure (by code)	Description	Event #		
<b>FOOD</b>	<b>Drinks for event</b>	<b>02232022A</b>		<b>\$76.88</b>
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment	Is Reimbursement Claimed?	
<b>Arethusa Farm Daily</b>		<b>02/19/2022</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address	City	State	Zip Code	Amount
<b>822 Bantam Rd</b>	<b>Bantam</b>	<b>CT</b>		
Purpose of Expenditure (by code)	Description	Event #		
<b>Misc *</b>				<b>\$140.00</b>
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment	Is Reimbursement Claimed?	
<b>Costco</b>		<b>03/25/2022</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address	City	State	Zip Code	Amount
<b>200 Federal Rd</b>	<b>Brookfield</b>	<b>CT</b>		
Purpose of Expenditure (by code)	Description	Event #		
<b>Misc *</b>				<b>\$341.66</b>
<b>Total of Section O</b>				<b>\$606.54</b>

<b>IV. EXPENDITURES (Sections N - S)</b>					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Dyer for House				April 10 Filing - Amendment	
<b>P. Expenses Incurred on Committee Credit Card</b>					
Name of Issuing Institution			Type of Credit Card: Visa          Master Card          Discover          American Express 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 No	Expenditure # (if applicable)	Event #
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	
Dyer for House		April 10 Filing - Amendment	
Q. Expenses Incurred By Committee but Not Paid During this Period			
Name of Creditor <b>United States Postal Serv</b>		Date Incurred <b>01/13/2022</b>	
Street Address <b>16 South St</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code <b>06759</b>
Purpose of Expenditure (by code) <b>POST</b>	Description <b>Creation of PO Box fee from USPS</b>	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		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			<b>\$212.00</b>
Name of Creditor <b>GoDaddy.com, LLC</b>		Date Incurred <b>01/13/2022</b>	
Street Address <b>14455 N Hayden Rd Ste 219</b>	City <b>Scottsdale</b>	State <b>AZ</b>	Zip Code <b>85260</b>
Purpose of Expenditure (by code) <b>WEB</b>	Description <b>WordPress Website and Domain Registration</b>	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		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			<b>\$30.69</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

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

Name of Creditor <b>Graphic Springs</b>		Date Incurred <b>01/13/2022</b>	
Street Address <b>7 Rue Monnier 12B )</b>	City <b>Nice France</b>	State <b>AA</b>	Zip Code <b>06100</b>
Purpose of Expenditure (by code) <b>WEB</b>	Description <b>Creation of graphic logo for website</b>	Amount Incurred (Estimate or Actual)  <b>\$149.99</b>	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, assign an Expenditure # and completes Itemization in Addendum Q		Expenditure # (if applicable)	Event #

Name of Creditor <b>Vista Print</b>		Date Incurred <b>01/30/2022</b>	
Street Address <b>275 Wyman St</b>	City <b>Waltham</b>	State <b>MA</b>	Zip Code <b>02451</b>
Purpose of Expenditure (by code) <b>POST</b>	Description <b>Custom Thank You cards</b>	Amount Incurred (Estimate or Actual)  <b>\$221.01</b>	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, assign an Expenditure # and completes Itemization in Addendum Q		Expenditure # (if applicable)	Event #

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Dyer for House		April 10 Filing - Amendment	
Q. Expenses Incurred By Committee but Not Paid During this Period			
Name of Creditor <b>WordPress</b>		Date Incurred <b>03/07/2022</b>	
Street Address <b>60 29th St # 343</b>	City <b>San Fransico</b>	State <b>CA</b>	Zip Code <b>94110</b>
Purpose of Expenditure (by code) <b>WEB</b>	Description <b>Cost incurred to create website for campaign</b>	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		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			<b>\$96.00</b>
Name of Creditor <b>United States Postal Serv</b>		Date Incurred <b>03/16/2022</b>	
Street Address <b>151 N Main St</b>	City <b>Bristol</b>	State <b>CT</b>	Zip Code <b>06010</b>
Purpose of Expenditure (by code) <b>POST</b>	Description <b>Thank you Cards</b>	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		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			<b>\$58.00</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Dyer for House		April 10 Filing - Amendment	
<b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>			
Name of Creditor <b>Zoom</b>		Date Incurred <b>03/16/2022</b>	
Street Address <b>55 Almaden Blvd</b>	City <b>Denver</b>	State <b>CO</b>	Zip Code <b>80014</b>
Purpose of Expenditure (bv code) <b>WEB</b>	Description <b>Monthly zoom membership fee for campaign zoom link</b>	Amount Incurred (Estimate or Actual)          <b>\$15.94</b>	
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and completes Itemization in Addendum Q	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Total of Section Q</b>			<b>\$783.63</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

**R. Itemization of Reimbursements and Secondary Payees**

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:  Check #  Debit Card  EFT
Name of Vendor Paid by Committee Worker/Consultant				
Street Address of Vendor		City	State	Zip Code
Purpose of Expenditure (by code)	Description			
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Yes  No	Expenditure # (if applicable)	Event #	Amount
If yes, assign an Expenditure # and completes Itemization in Addendum R				
<b>Total of Section R</b>				

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dyer for House	April 10 Filing - Amendment

**S. Surplus Distribution of Equipment and Furniture**

Name of Recipient				
Street Address	City	State	Zip Code	Original Purchase Amount of Item
Description of Item				
<b>Total of Section S</b>				

<b>Section J4. ADDENDUM</b>	
NAME OF COMMITTEE	TYPE OF REPORT
<b>J4. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum</b>	
<b>Event #</b>	
Name of Candidate	

<b>Section N. ADDENDUM</b>	
NAME OF COMMITTEE	TYPE OF REPORT
<b>N. Expenses Paid By Committee - Addendum</b>	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

<b>Section P. ADDENDUM</b>	
NAME OF COMMITTEE	TYPE OF REPORT
<b>P. Expenses Incurred on Committee Credit Card - Addendum</b>	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

<b>Section Q. ADDENDUM</b>	
NAME OF COMMITTEE	TYPE OF REPORT
<b>Q. Expenses Incurred by Committee but Not Paid During this Period - Addendum</b>	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

<b>Section R. ADDENDUM</b>	
NAME OF COMMITTEE	TYPE OF REPORT
<b>R. Itemization of Reimbursements and Secondary Payees - Addendum</b>	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought