

SEEC FORM 30

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



Electronic Filing

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Page 1 of 66

COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
Ritter 2026				☒ Candidate Committee ☐ Exploratory Committee	
3. TREASURER NAME					
First Kimberly		MI	Last Grove		Suffix
4. TREASURER ADDRESS					
Street Address 43 Lakeview Dr		City Watertown		State CT	Zip Code 06795
5. ELECTION DATE 11/03/2026		6. OFFICE SOUGHT (Complete only if Candidate Committee) State Representative			7. DISTRICT NUMBER (if applicable) R001
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Matthew		MI D	Last Ritter		Suffix
9. TYPE OF REPORT April 10 Filing - Amendment					
10. PERIOD COVERED					
Beginning Date Ending Date 01/01/2026 thru 03/31/2026					
11. CERTIFICATION					
☒ I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.					
Electronic Filing SIGNATURE		Kimberly Grove PRINT NAME OF THE SIGNER		07/17/2026 1:41:11PM DATE CERTIFIED	
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.					

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	
Ritter 2026	April 10 Filing - Amendment	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$25.00	
14. Contributions received from Individuals (Section A and B)	\$13,369.00	\$13,394.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$0.00	\$0.00
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$13,369.00	\$13,394.00
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$13,394.00	\$13,394.00
20. Expenses Paid by Committee (Section N)	\$541.76	\$541.76
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$12,852.24	\$12,852.24
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	\$0.00	\$0.00
24. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
25. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$1,690.63	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$1,690.63	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Ritter 2026		April 10 Filing - Amendment	
A. Total Contributions from Small Contributors-Received this Period ONLY		For Nonparticipating Candidates ONLY	
		\$0.00	
B. Itemized Contributions from Individuals			

Last Name Grove		First Kimberly		MI	Contribution ID # 0196
Residential Street Address 43 Lake View Dr		City Watertown		State CT	Zip Code 06795
Principal Occupation Deputy Chief of Staff		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/02/2026	Aggregate Contributions \$5.00	\$5.00

Last Name csejka		First madison		MI	Contribution ID # 0197
Residential Street Address 27 Charter Oak Pl Unit B		City Hartford		State CT	Zip Code
Principal Occupation communications		Name of Employer state of ct			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/05/2026	Aggregate Contributions \$10.00	\$10.00

Last Name diaz		First jason		MI	Contribution ID # 0198
Residential Street Address 203 Fairfield Ave		City Hartford		State CT	Zip Code
Principal Occupation firefighter		Name of Employer city fo hartford			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/05/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Noel-Sullivan		First Timothy		MI	Contribution ID # 0194
Residential Street Address 241 Oxford St		City Hartford		State CT	Zip Code 06105
Principal Occupation Producer		Name of Employer Hartford Film Compnay			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/05/2026	Aggregate Contributions \$10.00	\$10.00

Last Name lawlor		First michael		MI	Contribution ID # 0182
Residential Street Address 96 Kneeland Rd		City New Haven		State CT	Zip Code
Principal Occupation professor		Name of Employer university of new haven			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/05/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Corson		First Harvey		MI	Contribution ID # 0184
Residential Street Address 1280 Asylum Ave Apt 1A		City Hartford		State CT	Zip Code 06105
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/05/2026	Aggregate Contributions \$100.00	\$100.00

Last Name rosado		First maly		MI	Contribution ID # 0185
Residential Street Address 134 Forster St		City Hartford		State CT	Zip Code
Principal Occupation executive administrator		Name of Employer housing authority			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/05/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Fenlator		First Shanique		MI	Contribution ID # 0186
Residential Street Address 60 Walden Ct		City Berlin		State CT	Zip Code 06037
Principal Occupation Judge		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/05/2026	Aggregate Contributions \$25.00	\$25.00

Last Name jasinski		First mathew		MI	Contribution ID # 0187
Residential Street Address 206 Beacon St		City Hartford		State CT	Zip Code 06105
Principal Occupation Attorney		Name of Employer Motley Rice LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/05/2026	Aggregate Contributions \$50.00	\$50.00

Last Name elliott		First josh		MI	Contribution ID # 0188
Residential Street Address 28 Cobblestone Dr		City Hamden		State CT	Zip Code 06518
Principal Occupation Owner		Name of Employer Thyme and Season			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/05/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Aresimowicz		First Joseph		MI	Contribution ID # 0189
Residential Street Address 137 Brewster Rd		City West Hartford		State CT	Zip Code 06117
Principal Occupation Lobbyist		Name of Employer Gaffney Bennett			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/05/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Kraczkowsky		First Kathleen		MI	Contribution ID # 0190
Residential Street Address 100 Goodwin Cir		City Hartford		State CT	Zip Code 06105
Principal Occupation does not apply		Name of Employer Does not apply			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/05/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Ismail		First Ali		MI	Contribution ID # 0191
Residential Street Address 471 Prospect Ave		City Hartford		State CT	Zip Code 06105
Principal Occupation Retired		Name of Employer NA			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/05/2026	Aggregate Contributions \$50.00	\$50.00

Last Name barrett		First dave		MI	Contribution ID # 0192
Residential Street Address 1364 Asylum Ave		City Hartford		State CT	Zip Code
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/05/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Jordon		First Laura		MI	Contribution ID # 0193
Residential Street Address 43 Girard Ave		City Hartford		State CT	Zip Code 06105
Principal Occupation Government & Community Affairs Director		Name of Employer Stamford Health			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/05/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Noel-Sullivan		First JD		MI	Contribution ID # 0194
Residential Street Address 241 Oxford St		City Hartford		State CT	Zip Code 06105
Principal Occupation Producer		Name of Employer Hartford Film Company			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/05/2026	Aggregate Contributions \$20.00-	\$10.00-

Last Name strahinich		First daniel		MI	Contribution ID # 0195
Residential Street Address 930 West Blvd		City Hartford		State CT	Zip Code
Principal Occupation consultant		Name of Employer none			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/05/2026	Aggregate Contributions \$25.00	\$25.00

Last Name ritter		First eric		MI	Contribution ID # 0172
Residential Street Address 2141A Rose St		City Berkeley		State CA	Zip Code
Principal Occupation lawyer		Name of Employer berkeley law			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/06/2026	Aggregate Contributions \$100.00	\$100.00

Last Name anderson		First arthur		MI	Contribution ID # 0173
Residential Street Address 221 Trumbull St Apt 2705		City Hartford		State CT	Zip Code
Principal Occupation executive		Name of Employer imagineers llc			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/06/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name jordan		First michael		MI	Contribution ID # 0176
Residential Street Address 210 Old Mountain Rd		City Farmington		State CT	Zip Code
Principal Occupation retired		Name of Employer none			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/06/2026	Aggregate Contributions \$250.00	\$250.00

Last Name unfried		First douglas		MI	Contribution ID # 0177
Residential Street Address 67 Kenyon St		City Hartford		State CT	Zip Code
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/06/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Unfried- English		First Gretchen		MI	Contribution ID # 0178
Residential Street Address 235 Kenyon St		City Hartford		State CT	Zip Code 06105
Principal Occupation Educator		Name of Employer CREC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/06/2026	Aggregate Contributions \$50.00	\$50.00

Last Name english		First alan		MI	Contribution ID # 0179
Residential Street Address 235 Kenyon St		City Hartford		State CT	Zip Code 06105
Principal Occupation marketing		Name of Employer vontier			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/06/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name miller		First robert		MI	Contribution ID # 0180
Residential Street Address 50 Oxford St		City Hartford		State CT	Zip Code
Principal Occupation director		Name of Employer telyon			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/06/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Papermaster		First Daniel		MI	Contribution ID # 0181
Residential Street Address 59 Goodwin Cir		City Hartford		State CT	Zip Code 06105
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/06/2026	Aggregate Contributions \$250.00	\$250.00

Last Name ohalloran		First ryan		MI	Contribution ID # 0162
Residential Street Address 240 N Beacon St		City Hartford		State CT	Zip Code
Principal Occupation s development officer		Name of Employer greater hartford gives foundation			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/06/2026	Aggregate Contributions \$25.00	\$25.00

Last Name see		First ted		MI	Contribution ID # 0164
Residential Street Address 400 Seabury Apt 5165		City Bloomfield		State CT	Zip Code
Principal Occupation retired		Name of Employer ct			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/06/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name cimini		First bj		MI	Contribution ID # 0167
Residential Street Address 71 Hunters Rdg		City Rocky Hill		State CT	Zip Code
Principal Occupation lobbyist		Name of Employer capitol strategies group			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/06/2026	Aggregate Contributions \$200.00-	\$100.00-

Last Name cimini		First jacqueline		MI	Contribution ID # 0169
Residential Street Address 71 Hunters Rdg		City Rocky Hill		State CT	Zip Code
Principal Occupation lobbyist		Name of Employer capitol strategies group			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/06/2026	Aggregate Contributions \$100.00	\$100.00

Last Name papermaster		First beth		MI	Contribution ID # 0183
Residential Street Address 59 Goodwin Cir		City Hartford		State CT	Zip Code 06105
Principal Occupation homemaker		Name of Employer homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/06/2026	Aggregate Contributions \$250.00	\$250.00

Last Name cimini		First peter		MI j	Contribution ID # 0167
Residential Street Address 71 Hunters Rdg		City Rocky Hill		State CT	Zip Code
Principal Occupation lobbyist		Name of Employer capitol strategies group			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/06/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name mercado-gonzalez		First antonio		MI	Contribution ID # 0004
Residential Street Address 104 West St Apt D1		City Rocky Hill		State CT	Zip Code
Principal Occupation staffer		Name of Employer state of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/06/2026	Aggregate Contributions \$5.00	\$5.00

Last Name hernandez		First kimberly		MI	Contribution ID # 0006
Residential Street Address 104 West St Apt D1		City Rocky Hill		State CT	Zip Code
Principal Occupation na		Name of Employer red cross			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/06/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Bourdeaux		First suzanne		MI	Contribution ID # 0170
Residential Street Address 212 N Beacon St		City Hartford		State CT	Zip Code 06105
Principal Occupation management		Name of Employer coupa			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/09/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Zuidema		First lee		MI	Contribution ID # 0171
Residential Street Address 31 Woodwant St # 3D		City Hartford		State CT	Zip Code 06105
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/09/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Martz		First Gabe		MI	Contribution ID # 0174
Residential Street Address 35 Woodside Cir		City Hartford		State CT	Zip Code 06105
Principal Occupation physican		Name of Employer ct			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/09/2026	Aggregate Contributions \$50.00	\$50.00

Last Name wasserstein		First laurie		MI	Contribution ID # 0175
Residential Street Address 92 Goodwin Cir		City Hartford		State CT	Zip Code 06105
Principal Occupation retired		Name of Employer none			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/09/2026	Aggregate Contributions \$100.00	\$100.00

Last Name podolsky		First raphael		MI	Contribution ID # 0168
Residential Street Address 104 N Beacon St Fl 2		City New Britain		State CT	Zip Code 06051
Principal Occupation attorney		Name of Employer CT legal services inc			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/10/2026	Aggregate Contributions \$50.00	\$50.00

Last Name klein		First david		MI	Contribution ID # 0165
Residential Street Address 1368 Asylum Ave		City Hartford		State CT	Zip Code 06105
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/10/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name cooper		First rand		MI	Contribution ID # 0166
Residential Street Address 79 Girard Ave		City Hartford		State CT	Zip Code 06105
Principal Occupation writer and editor		Name of Employer ct			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/10/2026	Aggregate Contributions \$250.00	\$250.00

Last Name early		First rob		MI	Contribution ID # 0163
Residential Street Address 26 Manitoak Mountain Rd		City Avon		State CT	Zip Code 06001
Principal Occupation lobbyist		Name of Employer comcast			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/10/2026	Aggregate Contributions \$100.00	\$100.00

Last Name dibella		First marc		MI	Contribution ID # 0153
Residential Street Address 1 Gold St		City Hartford		State CT	Zip Code
Principal Occupation lobbyist		Name of Employer 3d consulting llc			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/10/2026	Aggregate Contributions \$5.00	\$5.00

Last Name kleinman		First deborah		MI	Contribution ID # 0155
Residential Street Address 26 Goodwin Cir		City Hartford		State CT	Zip Code
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/10/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name cruse		First lukas		MI	Contribution ID # 0158
Residential Street Address 111 Warrenton Ave		City Hartford		State CT	Zip Code
Principal Occupation student		Name of Employer student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/10/2026	Aggregate Contributions \$12.00	\$12.00

Last Name cruse		First ben		MI	Contribution ID # 0160
Residential Street Address 111 Warrenton Ave		City Hartford		State CT	Zip Code
Principal Occupation educator		Name of Employer libertas academy charter school			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/10/2026	Aggregate Contributions \$11.00	\$11.00

Last Name Kleinman		First Steven		MI	Contribution ID # 0161
Residential Street Address 26 Goodwin Cir		City Hartford		State CT	Zip Code 06105
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/10/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Katz		First Marilyn		MI	Contribution ID # 0199
Residential Street Address 169 N Beacon St		City Hartford		State CT	Zip Code 06105
Principal Occupation Physican		Name of Employer UConn Health			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/10/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name long		First gloria		MI	Contribution ID # 0015
Residential Street Address 98 Warrenton Ave		City Hartford		State CT	Zip Code
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/10/2026	Aggregate Contributions \$10.00	\$10.00

Last Name altschuler		First nancy		MI	Contribution ID # 0018
Residential Street Address 195 N Beacon St		City Hartford		State CT	Zip Code 06105
Principal Occupation partner/owner		Name of Employer trptych ll			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/10/2026	Aggregate Contributions \$100.00	\$100.00

Last Name seyler		First lloyd		MI e	Contribution ID # 0023
Residential Street Address 276 Whitney St		City Hartford		State CT	Zip Code 06105
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/10/2026	Aggregate Contributions \$50.00	\$50.00

Last Name valencia		First kelvin		MI	Contribution ID # 0112
Residential Street Address 105 Girard Ave		City Hartford		State CT	Zip Code
Principal Occupation physical therapist		Name of Employer none			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/10/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name blackwood		First annette		MI	Contribution ID # 0114
Residential Street Address 21A Capitol Ave		City Hartford		State CT	Zip Code
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/10/2026	Aggregate Contributions \$10.00	\$10.00

Last Name sentner		First frank		MI	Contribution ID # 0116
Residential Street Address 21A Capitol Ave		City Hartford		State CT	Zip Code
Principal Occupation consultant		Name of Employer sentwood consulting			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/10/2026	Aggregate Contributions \$10.00	\$10.00

Last Name fagan		First ashlye		MI	Contribution ID # 0118
Residential Street Address 50 Morhan St Apt 504		City Hartford		State CT	Zip Code
Principal Occupation teacher		Name of Employer hartford public schools			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/10/2026	Aggregate Contributions \$5.00	\$5.00

Last Name forrest		First jordan		MI	Contribution ID # 0120
Residential Street Address 100 Fern St Apt 3		City Hartford		State CT	Zip Code
Principal Occupation hospital worker		Name of Employer st francis			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/10/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name romero		First dayana		MI	Contribution ID # 0122
Residential Street Address 100 Fern St # 2W		City Hartford		State CT	Zip Code
Principal Occupation vet tech		Name of Employer pieper memorial			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/10/2026	Aggregate Contributions \$5.00	\$5.00

Last Name kellett		First adele		MI	Contribution ID # 0125
Residential Street Address 52 Kenyon St		City Hartford		State CT	Zip Code
Principal Occupation educator		Name of Employer none			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/10/2026	Aggregate Contributions \$25.00	\$25.00

Last Name lajeunesse		First sandra		MI	Contribution ID # 0127
Residential Street Address 140 Warrenton Ave		City Hartford		State CT	Zip Code
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/10/2026	Aggregate Contributions \$10.00	\$10.00

Last Name mcgee		First brandon		MI	Contribution ID # 0129
Residential Street Address 43 Warren		City Hartford		State CT	Zip Code
Principal Occupation administrator		Name of Employer state of ct			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/10/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Perry II		First franklin		MI	Contribution ID # 0131
Residential Street Address 96 Whitney St		City Hartford		State CT	Zip Code
Principal Occupation none		Name of Employer none			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/10/2026	Aggregate Contributions \$10.00	\$10.00

Last Name cruse		First dennis		MI	Contribution ID # 0133
Residential Street Address 77 Palm St		City Hartford		State CT	Zip Code
Principal Occupation none		Name of Employer none			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/10/2026	Aggregate Contributions \$10.00	\$10.00

Last Name diaz		First natalie		MI	Contribution ID # 0137
Residential Street Address 100 Trumbull St Apt 704		City Hartford		State CT	Zip Code
Principal Occupation lobbying		Name of Employer penn lincoln strategies			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/10/2026	Aggregate Contributions \$25.00	\$25.00

Last Name woulfe		First james		MI	Contribution ID # 0140
Residential Street Address 170 N Beacon St		City Hartford		State CT	Zip Code
Principal Occupation chief of staff		Name of Employer city of hartford			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/10/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name cruse		First victor		MI	Contribution ID # 0143
Residential Street Address 77 Palm St		City Hartford		State CT	Zip Code
Principal Occupation retired		Name of Employer ct			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/10/2026	Aggregate Contributions \$50.00	\$50.00

Last Name neumann		First guy		MI	Contribution ID # 0145
Residential Street Address 55 Girard Ave		City Hartford		State CT	Zip Code
Principal Occupation general contractor		Name of Employer gn construction llc			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/10/2026	Aggregate Contributions \$100.00	\$100.00

Last Name farrell		First christopher		MI	Contribution ID # 0148
Residential Street Address 55 Elm St		City Hartford		State CT	Zip Code
Principal Occupation attorney		Name of Employer kahana feld llc			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/10/2026	Aggregate Contributions \$10.00	\$10.00

Last Name cruse		First diana		MI	Contribution ID # 0151
Residential Street Address 111 Warrenton Ave		City Hartford		State CT	Zip Code
Principal Occupation educator		Name of Employer hartford public schools			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/10/2026	Aggregate Contributions \$11.00	\$11.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name passaro		First cara		MI	Contribution ID # 0107
Residential Street Address 1 Fern St		City Hartford		State CT	Zip Code
Principal Occupation lawyer		Name of Employer state of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/11/2026	Aggregate Contributions \$100.00	\$100.00

Last Name lower		First ashlyn		MI	Contribution ID # 0109
Residential Street Address 15 Van Dyke Ave		City Hartford		State CT	Zip Code
Principal Occupation dir of communications		Name of Employer governors prevention partnership			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/11/2026	Aggregate Contributions \$25.00	\$25.00

Last Name guardiola-diaz		First hebe		MI	Contribution ID # 0098
Residential Street Address 36 Oxford St		City Hartford		State CT	Zip Code
Principal Occupation biochemist		Name of Employer CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/11/2026	Aggregate Contributions \$10.00	\$10.00

Last Name robinson		First tess		MI	Contribution ID # 0100
Residential Street Address 112 Beacon St		City Hartford		State CT	Zip Code
Principal Occupation english teaching assistant		Name of Employer student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/11/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name robinson		First theodore		MI	Contribution ID # 0102
Residential Street Address 112 Beacon St		City Hartford		State CT	Zip Code
Principal Occupation student		Name of Employer student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/11/2026	Aggregate Contributions \$5.00	\$5.00

Last Name troy		First michelle		MI	Contribution ID # 0105
Residential Street Address 112 Beacon St		City Hartford		State CT	Zip Code
Principal Occupation professor		Name of Employer connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/11/2026	Aggregate Contributions \$10.00	\$10.00

Last Name knorr		First molly		MI I	Contribution ID # 0011
Residential Street Address 1144 Prospect Ave		City Hartford		State CT	Zip Code 06105
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/11/2026	Aggregate Contributions \$100.00	\$100.00

Last Name drusedum		First mark		MI	Contribution ID # 0009
Residential Street Address 1144 Prospect Ave		City Hartford		State CT	Zip Code
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/11/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name lafontaine		First hernan		MI	Contribution ID # 0013
Residential Street Address 34 Goodwin Cir		City Hartford		State CT	Zip Code
Principal Occupation		Name of Employer retiredRETIRE			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/12/2026	Aggregate Contributions \$100.00	\$100.00

Last Name orr		First richard		MI	Contribution ID # 0020
Residential Street Address 30 Goodwin Cir		City Hartford		State CT	Zip Code
Principal Occupation retired		Name of Employer none			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01202026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/12/2026	Aggregate Contributions \$250.00	\$250.00

Last Name dibella		First william		MI	Contribution ID # 0080
Residential Street Address 1 Gold St		City Hartford		State CT	Zip Code
Principal Occupation lobbyist		Name of Employer 3d consultants llc			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/12/2026	Aggregate Contributions \$10.00	\$10.00

Last Name hogan		First anne		MI	Contribution ID # 0083
Residential Street Address 31 Woodland St		City Hartford		State CT	Zip Code
Principal Occupation government relations		Name of Employer yale new haven health			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/12/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name bookwalter		First fredrika		MI	Contribution ID # 0085
Residential Street Address 110 Kenyon St		City Hartford		State CT	Zip Code
Principal Occupation retired		Name of Employer ct			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/12/2026	Aggregate Contributions \$50.00	\$50.00

Last Name comer		First andrea		MI	Contribution ID # 0086
Residential Street Address 1 Linden Pl		City Hartford		State CT	Zip Code
Principal Occupation chief of staff		Name of Employer state of ct			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/12/2026	Aggregate Contributions \$50.00	\$50.00

Last Name gale		First john		MI	Contribution ID # 0090
Residential Street Address 6 Cone St		City Hartford		State CT	Zip Code
Principal Occupation lawyer		Name of Employer law office of john q gale, llc CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/12/2026	Aggregate Contributions \$50.00	\$50.00

Last Name rubenstein		First bruce		MI	Contribution ID # 0088
Residential Street Address 80 Goodwin Cir		City Hartford		State CT	Zip Code
Principal Occupation attorney		Name of Employer rubenstein and sendy			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/12/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name robinson		First iz		MI	Contribution ID # 0096
Residential Street Address 112 Beacon St		City Hartford		State CT	Zip Code
Principal Occupation none		Name of Employer none			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/12/2026	Aggregate Contributions \$5.00	\$5.00

Last Name sullivan		First timothy		MI	Contribution ID # 0078
Residential Street Address 21 Oxford St		City Hartford		State CT	Zip Code
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/13/2026	Aggregate Contributions \$100.00	\$100.00

Last Name webb		First jeanne		MI	Contribution ID # 0069
Residential Street Address 39 Girard Ave		City Hartford		State CT	Zip Code
Principal Occupation energy healer		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/14/2026	Aggregate Contributions \$50.00	\$50.00

Last Name sierra		First carmen		MI	Contribution ID # 0071
Residential Street Address 200 Goodrich St		City Hartford		State CT	Zip Code
Principal Occupation city treasurer		Name of Employer city of hartford			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/14/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name megarvey		First E		MI	Contribution ID # 0077
Residential Street Address 41 Kenyon St		City Hartford		State CT	Zip Code
Principal Occupation cosmotologist		Name of Employer les cheveux salon			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/14/2026	Aggregate Contributions \$500.00-	\$250.00-

Last Name mcgarvey		First John		MI	Contribution ID # 0077
Residential Street Address 41 Kenyon St		City Hartford		State CT	Zip Code
Principal Occupation cosmotologist		Name of Employer les cheveux salon			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/14/2026	Aggregate Contributions \$250.00	\$250.00

Last Name palmer		First eric		MI	Contribution ID # 0061
Residential Street Address 115 Scarborough St		City Hartford		State CT	Zip Code
Principal Occupation advisor to private equity firms		Name of Employer scarborough advisory			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/15/2026	Aggregate Contributions \$100.00	\$100.00

Last Name rose		First john		MI	Contribution ID # 0063
Residential Street Address 181 Elizabeth St		City Hartford		State CT	Zip Code
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/15/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name smith		First leslie		MI	Contribution ID # 0067
Residential Street Address 150 N Beacon St		City Hartford		State CT	Zip Code
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/15/2026	Aggregate Contributions \$100.00	\$100.00

Last Name dequattro		First valerie		MI	Contribution ID # 0022
Residential Street Address 56 Goodwin Cir		City Hartford		State CT	Zip Code
Principal Occupation none		Name of Employer none			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/15/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Recalde		First Robert		MI	Contribution ID # 0048
Residential Street Address 1 Fern St		City Hartford		State CT	Zip Code 06105
Principal Occupation Software Engineer		Name of Employer Cigna Health Care			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01202026A</u>	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$40.00	\$40.00

Last Name williams		First sean		MI	Contribution ID # 0052
Residential Street Address 221 Trumbull St		City Hartford		State CT	Zip Code
Principal Occupation svp state affairs		Name of Employer pharmaceutical care management assoc			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name abend		First mollie		MI	Contribution ID # 0056
Residential Street Address 153 Oxford St		City Hartford		State CT	Zip Code
Principal Occupation realtor		Name of Employer berkshire hathaway			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$100.00-	\$50.00-

Last Name hayes		First christopher		MI	Contribution ID # 0058
Residential Street Address 65 Cumberland St		City Hartford		State CT	Zip Code
Principal Occupation director of public works		Name of Employer city of hartford			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$100.00	\$100.00

Last Name cowdery		First james		MI	Contribution ID # 0007
Residential Street Address 217 N Beacon St		City Hartford		State CT	Zip Code
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$250.00	\$250.00

Last Name abend		First mollie		MI	Contribution ID # 0056
Residential Street Address 153 Oxford St		City Hartford		State CT	Zip Code
Principal Occupation realtor		Name of Employer mollie abend, llc			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name McCluskey		First David		MI	Contribution ID # 0159
Residential Street Address 251 Westpoint Ter		City West Hartford		State CT	Zip Code 06107
Principal Occupation Legislative Liason		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01202026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Healy		First James		MI	Contribution ID # 0156
Residential Street Address 102 Griswold Dr		City West Hartford		State CT	Zip Code 06119
Principal Occupation Attorney		Name of Employer Cowdery Murphy & healy LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01202026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/18/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Donovan		First David		MI	Contribution ID # 0157
Residential Street Address 179 Beacon St		City Hartford		State CT	Zip Code 06105
Principal Occupation business analyst		Name of Employer n/a			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01202026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/18/2026	Aggregate Contributions \$25.00	\$25.00

Last Name horton		First barnaby		MI	Contribution ID # 0154
Residential Street Address 97 Westerly Ter		City Hartford		State CT	Zip Code 06105
Principal Occupation Financial Advisor		Name of Employer Merrill Lynch			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01202026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/19/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name hockenull		First jennifer		MI	Contribution ID # 0152
Residential Street Address 135 Oxford St		City Hartford		State CT	Zip Code 06105
Principal Occupation accountant		Name of Employer forge city works			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01202026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/19/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Sclare		First Rachel		MI	Contribution ID # 0149
Residential Street Address 286 Sargent St		City Hartford		State CT	Zip Code 06105
Principal Occupation Adminstrative Assistant		Name of Employer CREC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01202026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/19/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Heslin		First John		MI	Contribution ID # 0150
Residential Street Address 17 Gun Mill Rd		City Bloomfield		State CT	Zip Code 06002
Principal Occupation insurance agent		Name of Employer CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01202026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/19/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Rosen		First Edward		MI	Contribution ID # 0146
Residential Street Address 139 Warrenton Ave		City Hartford		State CT	Zip Code 06105
Principal Occupation retied		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01202026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/19/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Surgeon		First Shirley		MI	Contribution ID # 0147
Residential Street Address 106 Adams St		City Hartford		State CT	Zip Code 06112
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01202026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/19/2026	Aggregate Contributions \$50.00	\$50.00

Last Name brennan		First dennis		MI	Contribution ID # 0144
Residential Street Address 22 Blue Ridge Ln		City West Hartford		State CT	Zip Code 06117
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01202026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/19/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Shea		First Timothy		MI	Contribution ID # 0141
Residential Street Address 7 Hatheyway Rd		City Ellington		State CT	Zip Code 06029
Principal Occupation Lobbyist		Name of Employer Brown Rudnick			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01202026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/19/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Wiseman		First Sandra		MI	Contribution ID # 0142
Residential Street Address 968 West Blvd		City Hartford		State CT	Zip Code 06105
Principal Occupation unemployed		Name of Employer CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01202026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/19/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Kliger		First Steven		MI	Contribution ID # 0138
Residential Street Address 73 Grand National Ln		City Newark		State DE	Zip Code 19702
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01202026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/19/2026	Aggregate Contributions \$250.00	\$250.00

Last Name millier		First lillian		MI	Contribution ID # 0139
Residential Street Address 57 N Beacon St		City Hartford		State CT	Zip Code 06105
Principal Occupation Attorney		Name of Employer CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01202026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/19/2026	Aggregate Contributions \$50.00	\$50.00

Last Name bailey		First john		MI	Contribution ID # 0135
Residential Street Address 17 Glenbrook Rd		City West Hartford		State CT	Zip Code 06107
Principal Occupation Lobbyist		Name of Employer TCORS Capitol Group			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01202026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/19/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Bryan		First Valerie		MI	Contribution ID # 0136
Residential Street Address 180 Beacon St		City Hartford		State CT	Zip Code 06105
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01202026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/19/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Gardner		First Maggie		MI	Contribution ID # 0134
Residential Street Address 117 Kent St Fl 2		City Hartford		State CT	Zip Code 06112
Principal Occupation Retired		Name of Employer CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01202026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/20/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Crawford		First Eric		MI	Contribution ID # 0132
Residential Street Address 3521 Main St		City Hartford		State CT	Zip Code 06120
Principal Occupation none		Name of Employer none			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01202026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/20/2026	Aggregate Contributions \$250.00	\$250.00

Last Name lawlor		First kevin		MI	Contribution ID # 0130
Residential Street Address 126 Buell St		City North Haven		State CT	Zip Code 06473
Principal Occupation Attorney		Name of Employer Flood Law Firm			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01202026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/20/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Malec		First Kurt		MI	Contribution ID # 0128
Residential Street Address 75 Westerly Ter		City Hartford		State CT	Zip Code 06105
Principal Occupation Aerospace Manufacturing		Name of Employer United Gear			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01202026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/20/2026	Aggregate Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Coray		First Joseph		MI	Contribution ID # 0126
Residential Street Address 102 Goodwin Cir		City Hartford		State CT	Zip Code 06105
Principal Occupation Insunracne		Name of Employer The Hartford			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01202026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/20/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Warren		First Annika		MI	Contribution ID # 0123
Residential Street Address 31 Woodland St Unit 1-K		City Hartford		State CT	Zip Code 06105
Principal Occupation Retired		Name of Employer Retired Episcopal priest			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01202026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/20/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Gale		First Tracy		MI	Contribution ID # 0124
Residential Street Address 6 Cone St		City Hartford		State CT	Zip Code 06105
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01202026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/20/2026	Aggregate Contributions \$10.00	\$10.00

Last Name smith		First Gabriella		MI	Contribution ID # 0121
Residential Street Address 30 Oxford St		City Hartford		State CT	Zip Code 06105
Principal Occupation Physican Associate		Name of Employer Community Health Services			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01202026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/20/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Granfield Horton		First Hannah		MI	Contribution ID # 0119
Residential Street Address 97 Westerly Ter		City Hartford		State CT	Zip Code 06105
Principal Occupation VP of Workforce Initiatives		Name of Employer CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01202026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/20/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Przybysz		First Kenneth		MI	Contribution ID # 0117
Residential Street Address 50 Goodwin Cir		City Hartford		State CT	Zip Code 06105
Principal Occupation Consultant/ Lobbyist		Name of Employer Przybysz+ Associates Government Affairs			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01202026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/20/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Wallace Smith		First Cheryl		MI	Contribution ID # 0079
Residential Street Address 32 Robinhood Rd		City Danbury		State CT	Zip Code 06811
Principal Occupation Managing Director		Name of Employer Sovereign Bank			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01202026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/20/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Bazzano		First John		MI	Contribution ID # 0081
Residential Street Address 96 Hubbard Rd		City Hartford		State CT	Zip Code 06124
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01202026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/20/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Hall		First Josh		MI	Contribution ID # 0082
Residential Street Address 28 Canterbury St		City Hartford		State CT	Zip Code 06112
Principal Occupation Educator		Name of Employer Hartford Public Schools			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01202026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/20/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Macdonald		First David		MI	Contribution ID # 0087
Residential Street Address 266 Grand View Ter		City Hartford		State CT	Zip Code 06114
Principal Occupation Exec. Director		Name of Employer Asylum Hill Neighborhood Association			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01202026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/20/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Okeefe		First Scott		MI	Contribution ID # 0084
Residential Street Address 17 Lake St		City Unionville		State CT	Zip Code 06085
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01202026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/20/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Gandara		First Marilda		MI	Contribution ID # 0097
Residential Street Address 155 Scarborough St		City Hartford		State CT	Zip Code 06105
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01202026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/20/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Troy		First Michelle		MI	Contribution ID # 0089
Residential Street Address 112 Beacon St		City Hartford		State CT	Zip Code 06105
Principal Occupation Professor		Name of Employer University of Hartford			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01202026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/20/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Carone		First Michael		MI	Contribution ID # 0091
Residential Street Address 23 Charter Oak Pl Apt 2		City Hartford		State CT	Zip Code 06106
Principal Occupation Program Director		Name of Employer DCF			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01202026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/20/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Clark		First Andrew		MI	Contribution ID # 0092
Residential Street Address 109 Girard Ave		City Hartford		State CT	Zip Code 06105
Principal Occupation Director		Name of Employer Uconn- State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01202026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/20/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Sanchez		First James		MI	Contribution ID # 0093
Residential Street Address 370 Freeman St		City Hartford		State CT	Zip Code 06106
Principal Occupation State Representative		Name of Employer CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01202026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/20/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Dahlen		First Alexander		MI	Contribution ID # 0094
Residential Street Address 53 Beacon St Fl 2		City Hartford		State CT	Zip Code 06105
Principal Occupation Teacher		Name of Employer Capitol Regional Education Council			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01202026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/20/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Granfield		First Logan		MI	Contribution ID # 0095
Residential Street Address 97 Westerly Ter		City Hartford		State CT	Zip Code 06105
Principal Occupation Student		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01202026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/20/2026	Aggregate Contributions \$15.00	\$5.00

Last Name Larkin		First John		MI	Contribution ID # 0106
Residential Street Address 18 Girst MI road		City Glastonbury		State CT	Zip Code 06033
Principal Occupation Lobbyist		Name of Employer Jc Larkin Company			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01202026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/20/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Duke		First Vernice		MI	Contribution ID # 0103
Residential Street Address 47 Fern St		City Hartford		State CT	Zip Code 06105
Principal Occupation School Administrator		Name of Employer CT Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01202026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/20/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name lebron		First nick		MI	Contribution ID # 0104
Residential Street Address 192 Laurel St		City Hartford		State CT	Zip Code 06105
Principal Occupation Director		Name of Employer Catholic Charites			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01202026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/20/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Nenotras		First Tomas		MI	Contribution ID # 0101
Residential Street Address 70 N Beacon St		City Hartford		State CT	Zip Code 06105
Principal Occupation Liquor Producer		Name of Employer Quiver Spirits LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01202026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/20/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Lebron		First Meltiza		MI	Contribution ID # 0099
Residential Street Address 192 Laurel St		City Hartford		State CT	Zip Code 06105
Principal Occupation Phlebotomist		Name of Employer Trinity health			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01202026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/20/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Shortell		First Patrick		MI	Contribution ID # 0110
Residential Street Address 60 Hyde Rd		City West Hartford		State CT	Zip Code 06117
Principal Occupation Lobbyist		Name of Employer Hillside Strategist LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01202026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/20/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Hernandez Chavez		First Carlos		MI	Contribution ID # 0111
Residential Street Address 12 Mohegan Rd		City Noank		State CT	Zip Code 06340
Principal Occupation Artist/ Musician/Educator		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☐ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01202026A</u>		Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/20/2026	Aggregate Contributions \$100.00
				\$100.00	

Last Name Rossetti		First Marilyn		MI	Contribution ID # 0108
Residential Street Address 6 Goodwin Circe		City Hartford		State CT	Zip Code 06105
Principal Occupation CEO		Name of Employer CT			
Is contributor a principal of a state contractor or prospective state contractor? ☒ Yes ☐ No If yes, indicate which branch or branches of government the contract is with: ☒ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01202026A</u>		Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/20/2026	Aggregate Contributions \$100.00
				\$100.00	

Last Name Goff Brown		First April		MI	Contribution ID # 0115
Residential Street Address 77 Montrose St		City Hartford		State CT	Zip Code 06106
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01202026A</u>		Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/20/2026	Aggregate Contributions \$100.00
				\$100.00	

Last Name Edmond		First Pamela		MI	Contribution ID # 0113
Residential Street Address 31 Woodland 1-L		City Hartford		State CT	Zip Code 06105
Principal Occupation Retired		Name of Employer CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01202026A</u>		Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/20/2026	Aggregate Contributions \$50.00
				\$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Deleon		First George		MI L	Contribution ID # 0008
Residential Street Address 1212 Main St		City Hartford		State CT	Zip Code 06103
Principal Occupation Executive Aide		Name of Employer City of Hartford			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01202026A	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/20/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Hatcher		First Elaine		MI CT	Contribution ID # 0010
Residential Street Address 83 E Moringside St		City Hartford		State CT	Zip Code 06112
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01202026A	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/20/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Cloud		First Adam		MI CT	Contribution ID # 0005
Residential Street Address 86 Bloomfield Ave		City Hartford		State CT	Zip Code 06105
Principal Occupation Partner		Name of Employer Brewer LaneVentures			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01202026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/20/2026	Aggregate Contributions \$250.00	\$250.00

Last Name miano		First giuseppe		MI CT	Contribution ID # 0002
Residential Street Address 5 Garden Hill Rd		City Wethersfield		State CT	Zip Code 06109
Principal Occupation president		Name of Employer dhl company			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01202026A	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/20/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Clark		First Alnisa		MI	Contribution ID # 0003
Residential Street Address 299 Enfield St		City Hartford		State CT	Zip Code 06105
Principal Occupation Staff Scheduler		Name of Employer Woodlake at Tollonel			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01202026A</u>	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/20/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Carroll		First Edward		MI	Contribution ID # 0014
Residential Street Address 31 Woodland St # 12K		City Hartford		State CT	Zip Code 06105
Principal Occupation retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01202026A</u>	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/20/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Harding		First Charlita		MI	Contribution ID # 0012
Residential Street Address 90 Edwards St		City Hartford		State CT	Zip Code 06120
Principal Occupation Resident Service Coordinator		Name of Employer Better Quality Management			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01202026A</u>	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/20/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Tindle		First Nyasias		MI	Contribution ID # 0019
Residential Street Address 88 Ashley St		City Hartford		State CT	Zip Code 06015
Principal Occupation Student		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01202026A</u>	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/20/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Yennie	First Hyacinth	MI	Contribution ID # 0016
Residential Street Address 190 Cheshire St	City Hartford	State CT	Zip Code 06114
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01202026A	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card	Date Received 01/20/2026	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Seritella	First Freda	MI	Contribution ID # 0017
Residential Street Address 88 Ashley St	City Hartford	State CT	Zip Code 06105
Principal Occupation Mail/ Rep	Name of Employer CGA		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01202026A	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card	Date Received 01/20/2026	Aggregate Contributions \$20.00
		Amount of Contribution \$20.00	

Last Name White- Figueroa	First Ranisha	MI	Contribution ID # 0021
Residential Street Address 62 Van Block Ave Apt 10E	City Hartford	State CT	Zip Code 06112
Principal Occupation Property manager	Name of Employer Faith Asset Management		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01202026A	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card	Date Received 01/20/2026	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name kennelly	First john	MI b	Contribution ID # 0024
Residential Street Address 95 Scarborough St	City Hartford	State CT	Zip Code
Principal Occupation lawyer	Name of Employer kennelly & assoc		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01202026A	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card	Date Received 01/20/2026	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Winch		First Rosezina		MI	Contribution ID # 0025
Residential Street Address 359 Sigourney St		City Hartford		State CT	Zip Code 06112
Principal Occupation Asst. Sports Rec		Name of Employer City Of Hartford			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01202026A</u>	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/20/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Tindle		First Daneaja		MI	Contribution ID # 0026
Residential Street Address 88 Ashley St		City Hartford		State CT	Zip Code 06105
Principal Occupation student		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01202026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/20/2026	Aggregate Contributions \$5.00	\$5.00

Last Name kennelly		First ella		MI	Contribution ID # 0027
Residential Street Address 95 Scarborough St		City Hartford		State CT	Zip Code
Principal Occupation none		Name of Employer none			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01202026A</u>	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/20/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Coleman		First Eric		MI	Contribution ID # 0028
Residential Street Address 53 Goodwin Cir		City Hartford		State CT	Zip Code 06105
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01202026A</u>	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/20/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Calderon		First Raquel		MI M	Contribution ID # 0029
Residential Street Address 163 Adelaide St Fl 2		City Hartford		State CT	Zip Code 06114
Principal Occupation Educator		Name of Employer Hartford Board of Education			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01202026A</u>	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/20/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Barrows		First Frank		MI	Contribution ID # 0030
Residential Street Address 108 Bloomfield Ave		City Hartford		State CT	Zip Code 06015
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01202026A</u>	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/20/2026	Aggregate Contributions \$25.00	\$25.00

Last Name parrotta		First michele		MI	Contribution ID # 0031
Residential Street Address 71 Scarborough St		City Hartford		State CT	Zip Code
Principal Occupation lawyer		Name of Employer parrotta llc			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01202026A</u>	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/20/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Dubuque- Gallo		First Cindy		MI	Contribution ID # 0074
Residential Street Address 188 Whintey St		City Hartford		State CT	Zip Code
Principal Occupation Social Worker		Name of Employer CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01202026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/20/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Bilodeau		First Kelly		MI	Contribution ID # 0075
Residential Street Address 97 Roslyn St		City Hartford		State CT	Zip Code 06106
Principal Occupation Town Clerk		Name of Employer Town of East Hartford			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01202026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/20/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Noel		First Emily		MI	Contribution ID # 0076
Residential Street Address 241 Oxford St		City Hartford		State CT	Zip Code 06105
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01202026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/20/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Granfield		First Logan		MI	Contribution ID # 0095
Residential Street Address 97 Westerly Ter		City Hartford		State CT	Zip Code 06105
Principal Occupation Student		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01202026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/20/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Flemming Butler		First Janice		MI	Contribution ID # 0072
Residential Street Address 141 Ridgefield St		City Hartford		State CT	Zip Code 06112
Principal Occupation lobbyist		Name of Employer strategic Outreach solutions llc			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/21/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name West		First Carolyn		MI	Contribution ID # 0073
Residential Street Address 65 Kenyon St		City Hartford		State CT	Zip Code 06105
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/21/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Perry		First Taryn		MI	Contribution ID # 0070
Residential Street Address 35 Gilman St		City Hartford		State CT	Zip Code 06114
Principal Occupation Operations Manager		Name of Employer EFG Companies			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/21/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Vassallo		First Tonya		MI	Contribution ID # 0068
Residential Street Address 225 Main St # 1		City East Hartford		State CT	Zip Code 06118
Principal Occupation Unemployed		Name of Employer Unemployed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/21/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Comer		First Brad		MI	Contribution ID # 0066
Residential Street Address 1 Linden Pl # 203		City Hartford		State CT	Zip Code 06106
Principal Occupation Conservation Ranger		Name of Employer None			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/22/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name hurwit		First joan		MI	Contribution ID # 0036
Residential Street Address 1076 Prospect Ave		City Hartford		State CT	Zip Code 06105
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/23/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Shaw		First Barbara		MI	Contribution ID # 0065
Residential Street Address 115 N Beacon St		City Hartford		State CT	Zip Code 06105
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/24/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Sherwin		First Mary		MI	Contribution ID # 0064
Residential Street Address 200 Whitney St		City Hartford		State CT	Zip Code 06105
Principal Occupation Retired		Name of Employer Ct			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/25/2026	Aggregate Contributions \$10.00	\$10.00

Last Name johnson		First gail		MI	Contribution ID # 0062
Residential Street Address 275 Oxford St		City Hartford		State CT	Zip Code 06105
Principal Occupation Retired		Name of Employer CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/25/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Ferris		First Ann		MI	Contribution ID # 0032
Residential Street Address 70 Goodwin Cir		City Hartford		State CT	Zip Code 06105
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01202026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/28/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Hubbard		First Myles		MI	Contribution ID # 0033
Residential Street Address 690 Prospect Ave		City Hartford		State CT	Zip Code 06105
Principal Occupation retired teacher		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01202026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/28/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Brown		First Luwannia		MI	Contribution ID # 0034
Residential Street Address 57 Woodland St		City Hartford		State CT	Zip Code 06105
Principal Occupation Exec. Assistant		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01202026A	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/28/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Brown		First Raymond		MI	Contribution ID # 0035
Residential Street Address 57 Woodland St		City Hartford		State CT	Zip Code 06105
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01202026A	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/30/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Motley		First John		MI	Contribution ID # 0059
Residential Street Address 39 Canterbury Rd		City Hamden		State CT	Zip Code 06514
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/30/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Winkley		First Christian		MI	Contribution ID # 0060
Residential Street Address 183 Oxford St		City Hartford		State CT	Zip Code 06105
Principal Occupation Builder / Remodeler		Name of Employer Oxford Builders (LLC)			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Ritter		First Anne		MI	Contribution ID # 0057
Residential Street Address 126 Terry Rd		City Hartford		State CT	Zip Code 06105
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/01/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Ritter		First David		MI	Contribution ID # 0053
Residential Street Address 126 Terry Rd		City Hartford		State CT	Zip Code 06105
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/02/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Mattei		First Chris		MI	Contribution ID # 0054
Residential Street Address 176 N Beacon St		City Hartford		State CT	Zip Code 06105
Principal Occupation Attorney		Name of Employer Koskoff, Koskoff, & Bieder			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/02/2026	Aggregate Contributions \$10.00	\$10.00

Last Name DiBella		First Donna		MI	Contribution ID # 0055
Residential Street Address 1 Gold St # 25H		City Hartford		State CT	Zip Code 06103
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/02/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Ithier		First Vicente		MI	Contribution ID # 0051
Residential Street Address 137 Harris Dr		City Newington		State CT	Zip Code 06111
Principal Occupation Housing Manager		Name of Employer CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/02/2026	Aggregate Contributions \$200.00	\$200.00

Last Name Clarke		First Adrianna		MI	Contribution ID # 0039
Residential Street Address 16 Humphrey St		City Hartford		State CT	Zip Code 06106
Principal Occupation Receptionsit		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/02/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Clarke		First Maree		MI	Contribution ID # 0040
Residential Street Address 136 Irving St		City Hartford		State CT	Zip Code 06112
Principal Occupation Office Manager		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/02/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Deristel Leyer		First Francoise		MI	Contribution ID # 0041
Residential Street Address 48 Oxford St		City Hartford		State CT	Zip Code 06105
Principal Occupation Teacher		Name of Employer Norwalk Public Schools			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/02/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Looney		First Michael		MI	Contribution ID # 0050
Residential Street Address 69 N Beacon St		City Hartford		State CT	Zip Code 06105
Principal Occupation Senior Director		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/05/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Clarke		First Delando		MI A	Contribution ID # 0043
Residential Street Address 246 Lawrence St Apt 1		City Hartford		State CT	Zip Code 06106
Principal Occupation Assistant City treasurer		Name of Employer City of Hartford Treasurers Office			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/05/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Kirkley Bey		First Kelly		MI	Contribution ID # 0045
Residential Street Address 39 Ashley St		City Hartford		State CT	Zip Code 06105
Principal Occupation		Name of Employer City of Hartford			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/05/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Cicero		First Georgette		MI	Contribution ID # 0046
Residential Street Address 31 High St Apt 6204		City East Hartford		State CT	Zip Code 06118
Principal Occupation Admin Asst		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/05/2026	Aggregate Contributions \$5.00	\$5.00

Last Name ritter		First david		MI	Contribution ID # 0049
Residential Street Address 126 Terry Rd		City Hartford		State CT	Zip Code
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/09/2026	Aggregate Contributions \$100.00	\$100.00

Last Name De Rocco		First Andrew		MI G	Contribution ID # 0037
Residential Street Address 1360 Asylum Ave		City Hartford		State CT	Zip Code 06105
Principal Occupation		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/11/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Casey		First Jo		MI	Contribution ID # 0038
Residential Street Address 31 Woodside St		City Hartford		State CT	Zip Code
Principal Occupation		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		☐ Yes ☒ No ☐ Yes ☒ No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/11/2026	Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name teale		First charles		MI	Contribution ID # 0047
Residential Street Address 145 Terry Rd		City Hartford		State CT	Zip Code
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		☐ Yes ☒ No ☐ Yes ☒ No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/15/2026	Aggregate Contributions \$50.00	Amount of Contribution \$50.00

Last Name de jesus		First anthony		MI	Contribution ID # 0044
Residential Street Address 196 Whitney St		City Hartford		State CT	Zip Code
Principal Occupation professor		Name of Employer connecticut			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		☐ Yes ☒ No ☐ Yes ☒ No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/16/2026	Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name taylor		First rachel		MI	Contribution ID # 0042
Residential Street Address 108 Kenyon St		City Hartford		State CT	Zip Code
Principal Occupation reaching beyond director		Name of Employer hartford promise			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		☐ Yes ☒ No ☐ Yes ☒ No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/24/2026	Aggregate Contributions \$50.00	Amount of Contribution \$50.00

Total of Section B			\$13,369.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS	(Sections A + B)	(Total on Line 14, Column A of Summary Page)	\$13,369.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	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
			If yes, list Event #					
City	State	Zip Code	Date Received	Aggregate Contributions				

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

NAME OF COMMITTEE	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

C2. Reimbursements or Surplus Distributions from other Committees

Name of Committee				Name of Treasurer		
Address					Date Received	Amount of Receipt
					Reimbursement for shared expense	
					Surplus distribution from exploratory committee	
Expenditure #		Description				

Total of Section C2

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Ritter 2026				April 10 Filing - Amendment	
D. Loans Received this Period					
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	Stat	Zip Code		
Total of Section D					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Ritter 2026				April 10 Filing - Amendment	
E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)					
Date of Receipt	Method of Payment			Amount	
	Cash	Personal Check	Credit/Debit Card		
Total of Section E					

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Ritter 2026				April 10 Filing - Amendment	
G. Interest from Deposits in Authorized Accounts					
Name of Institution			Date Received		Amount
Street Address	City	State	Zip Code		
Total of Section G					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Ritter 2026	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
Ritter 2026	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	
Ritter 2026				April 10 Filing - Amendment	
J1. Event Information					
Event # Date of Event 01/20/2026	Letter A	Description Cocktail Event		Was this a fundraising event? ☒ Yes ☐ No	
Location: Street Address 1 Sequassen St			City Hartford	State CT	Zip Code
Was this event hosted at a personal residence?		☐ 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.		
		☒ No			
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		☐ Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
		☒ No			
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		☐ Yes	(If yes, enter Total Receipts here.)		\$0.00
		☒ No			
Total of Section J1				\$0.00	

II. EVENT ACTIVITY (Sections J1 - J4)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Ritter 2026				April 10 Filing - Amendment	
J3. In-Kind Donations Not Considered Contributions					
Name of the Donor					
Street Address			City	State	Zip Code
Donation Given by:	Description of Donation			Fair Market Value of Donation	
Individual					
Business Entity	Date Received	Event #	Aggregate value for this event		
Sole Proprietorship					
Total of Section J3					

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

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

Name of Host		Is this event supporting more than one candidate?	
		Yes	No
		If yes, complete Itemization in Addendum J4	
Street Address		City	State Zip Code
Description of Donation			Fair Market Value of Donation
Event #	Aggregate value of this Event - all hosts	Aggregate value of all Events - this host/candidate	

Total of Section J4**III. NONMONETARY RECEIPTS (Sections K - L)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	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	Description of In-Kind Contribution	
	No		
If yes, list Event#			
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	Is contributor a principal of a state contractor or prospective state contractor?	Fair Market Value of this Contribution
	No	Yes	
		No	
If yes, indicate which branch or branches of government the contract is with:		Executive	Legislative
Type of Contributor:	Date Received	Aggregate contributions	
Individual	Committee	Sole Proprietorship	

Total of Section K

III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	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			Amount of Deposit
Street Address	City	State	
Total of Section L			

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Katz		Date of Payment 01/05/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address Marilyn		City Hartford	State CT	Zip Code 06105
Purpose of Expendit REF	Description			Amount \$25.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee TD Bank		Date of Payment 02/27/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 319 N Main St		City West Hartford	State CT	Zip Code 06117
Purpose of Expendit BNK	Description			Amount \$10.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot		Date of Payment 03/31/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1340 Poydras St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit BNK	Description anedot fees			Amount \$496.76
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee TD Bank		Date of Payment 03/31/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 319 N Main St		City West Hartford	State CT	Zip Code 06117
Purpose of Expendit BNK	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$10.00

Total of Section N**\$541.76****IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	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? Yes No	
Street Address	City	State	Zip Code	Amount
Purpose of Expenditure (by code)	Description	Event #		

Total of Section O

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Ritter 2026

April 10 Filing - Amendment

P. Expenses Incurred on Committee Credit Card

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 P

Total of Section P

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ritter 2026	April 10 Filing - Amendment

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

Name of Creditor Kimberly Grove		Date Incurred 01/04/2026	
Street Address 43 Lake View Dr	City Watertown	State CT	Zip Code 06785
Purpose of Expenditure (by code) OFFICE	Description labels and envelopes		Amount Incurred (Estimate or Actual) \$30.37
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum Q		Expenditure # (if applicable) Event #	

Name of Creditor Kimberly Grove		Date Incurred 01/20/2026	
Street Address 43 Lake View Dr	City Watertown	State CT	Zip Code 06785
Purpose of Expenditure (by code) FNDR *	Description		Amount Incurred (Estimate or Actual) \$1,660.26
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum Q		Expenditure # (if applicable) Event # 01202026A	

Total of Section Q**\$1,690.63**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Ritter 2026

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				
Total of Section R				

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Ritter 2026

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				
Total of Section S				

Section J4. ADDENDUM

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

Section N. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT
N. Expenses Paid By Committee - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

Section P. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT
P. Expenses Incurred on Committee Credit Card - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

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

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