



**COVER PAGE**

1. NAME OF COMMITTEE			2. TYPE OF COMMITTEE		
<b>Dita for CT</b>			<input type="checkbox"/> Candidate Committee <input checked="" type="checkbox"/> Exploratory Committee		
3. TREASURER NAME					
First <b>Diana</b>	MI <b>C</b>	Last <b>Sisler</b>		Suffix	
4. TREASURER ADDRESS					
Street Address <b>338 Bennett St</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>		
5. ELECTION DATE <b>11/06/2018</b>	6. OFFICE SOUGHT (Complete only if Candidate Committee) <b>Undetermined</b>			7. DISTRICT NUMBER (if applicable)	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First <b>Dita</b>	MI	Last <b>Bhargava</b>		Suffix	
9. TYPE OF REPORT					
<b>January 10 Filing - Amendment</b>					
10. PERIOD COVERED					
Beginning Date		Ending Date			
<b>10/01/2017</b>		thru		<b>12/31/2017</b>	
11. CERTIFICATION					
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.					
<b>Electronic Filing</b>	<b>Diana Sisler</b>	<b>04/08/2018 4:33:10PM</b>			
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED			
<p><b>A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.</b></p>					

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
<b>Dita for CT</b>	January 10 Filing - Amendment	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		<b>\$0.00</b>
13. Balance on hand at the beginning of Reporting Period	<b>\$46,160.16</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$71,863.21</b>	<b>\$124,940.21</b>
15. Receipts from Other Committees (Sections C1 and C2)	<b>\$0.00</b>	<b>\$0.00</b>
16. Other Monetary Receipts (Section D through I)	<b>\$0.00</b>	<b>\$0.00</b>
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	<b>\$0.00</b>	<b>\$0.00</b>
18. Total Monetary Receipts (add totals for lines 14 through 17)	<b>\$71,863.21</b>	<b>\$124,940.21</b>
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	<b>\$118,023.37</b>	<b>\$124,940.21</b>
20. Expenses Paid by Committee (Section N)	<b>\$69,121.80</b>	<b>\$76,038.64</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	<b>\$48,901.57</b>	<b>\$48,901.57</b>
22. In-Kind Donations not Considered Contributions Received (Section J3)	<b>\$0.00</b>	<b>\$0.00</b>
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	<b>\$359.95</b>	<b>\$359.95</b>
24. In-Kind Contributions Received (Section K)	<b>\$0.00</b>	<b>\$0.00</b>
25. Refundable Deposit to Telephone Company (Section L)	<b>\$0.00</b>	<b>\$0.00</b>
26. Beginning Loan Balance	<b>\$0.00</b>	
26a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
26b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26c. - Payments on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26d. Total Outstanding Loan Amount	<b>\$0.00</b>	
27. Campaign Expenses Paid By Candidate (Section O)	<b>\$0.00</b>	<b>\$5,600.00</b>
28. Expenses Incurred on Committee Credit Card (Section P)	<b>\$0.00</b>	<b>\$0.00</b>
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	<b>\$12,440.71</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$12,440.71</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Dita for CT	TYPE OF REPORT January 10 Filing - Amendment
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b>	For Nonparticipating Candidates ONLY <b>\$0.00</b>
<b>B. Itemized Contributions from Individuals</b>	

Last Name FAROOQ	First MOHAMMED	MI	Contribution ID # 0296
Residential Street Address 1620 Morshedi Ct	City Richmond	State VA	Zip Code 23238-4048
Principal Occupation ENGINEER	Name of Employer DOMINION ENERGY		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/01/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name NATHAN	First PRAMILA	MI	Contribution ID # 0297
Residential Street Address 204 Cherry St	City Milford	State CT	Zip Code 06460-3555
Principal Occupation PHYSICIAN	Name of Employer SELF EMPLOYED		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/01/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name SANTOS	First MIRIAN	MI	Contribution ID # 0298
Residential Street Address 42 Lockwood Ave	City Stamford	State CT	Zip Code 06902-4218
Principal Occupation CLEANING	Name of Employer SELF EMPLOY		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/01/2017	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>BHARGAVA</b>	First <b>AJAY</b>	MI	Contribution ID # <b>0269</b>
Residential Street Address <b>106 N Racebrook Rd</b>	City <b>Woodbridge</b>	State <b>CT</b>	Zip Code <b>06525-1445</b>
Principal Occupation <b>CHIEF SCIENTIFIC OFFICER</b>	Name of Employer <b>SHAKM BIORESEARCH, LLC</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10012017A</b>		Date Received <b>10/01/2017</b>	Aggregate Contributions <b>\$100.00</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00</b>	

Last Name <b>BHARGAVA</b>	First <b>ALOK</b>	MI	Contribution ID # <b>0270</b>
Residential Street Address <b>15 Whispering Hollow Ct</b>	City <b>Cheshire</b>	State <b>CT</b>	Zip Code <b>06410-3319</b>
Principal Occupation <b>PHYSICIAN</b>	Name of Employer <b>SELF</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10012017A</b>		Date Received <b>10/01/2017</b>	Aggregate Contributions <b>\$100.00</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00</b>	

Last Name <b>GUPTA</b>	First <b>PUSHPA</b>	MI	Contribution ID # <b>0271</b>
Residential Street Address <b>27 Liberty Dr</b>	City <b>South Glastonbury</b>	State <b>CT</b>	Zip Code <b>06073-2946</b>
Principal Occupation	Name of Employer <b>SELF</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10012017A</b>		Date Received <b>10/01/2017</b>	Aggregate Contributions <b>\$200.00</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$200.00</b>	

Last Name <b>JAIN</b>	First <b>MALTI</b>	MI	Contribution ID # <b>0272</b>
Residential Street Address <b>23 Fellen Rd</b>	City <b>Storrs</b>	State <b>CT</b>	Zip Code <b>06268-2520</b>
Principal Occupation <b>NONE</b>	Name of Employer <b>NONE</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10012017A</b>		Date Received <b>10/01/2017</b>	Aggregate Contributions <b>\$100.00</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name MEHROTRA	First YOGESH	MI	Contribution ID # 0273
Residential Street Address 57 Maryanne Dr	City Monroe	State CT	Zip Code 06468-3209
Principal Occupation VICE PRESIDENT	Name of Employer MATERIALS TECHNOLOGY CORP.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>10012017A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/01/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name NATHAN	First VISWA	MI	Contribution ID # 0274
Residential Street Address 40 Grouse Ln	City Woodbridge	State CT	Zip Code 06525-1451
Principal Occupation MEDICAL DOCTOR	Name of Employer SELF		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>10012017A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/01/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name NIGAM	First CHAITANYA	MI	Contribution ID # 0275
Residential Street Address 92 Flagler Ave	City Cheshire	State CT	Zip Code 06410-2202
Principal Occupation PART-TIME PROFESSOR	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>10012017A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/01/2017
		Aggregate Contributions \$200.00	Amount of Contribution \$200.00

Last Name SOLAIRAJ	First SRIRAM	MI	Contribution ID # 0276
Residential Street Address 5 Sydney Ln	City Cromwell	State CT	Zip Code 06416-1134
Principal Occupation SR. MANAGER - IT	Name of Employer SELECTIVE INSURANCE		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>10012017A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/01/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name VAHIDY	First MISBAH	MI	Contribution ID # 0277
Residential Street Address 12 E Ridge Ct	City Cheshire	State CT	Zip Code 06410-1236
Principal Occupation MEDICAL DOCTOR	Name of Employer SELF		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>10012017A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/01/2017
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

Last Name VATTI	First NEETA	MI	Contribution ID # 0278
Residential Street Address 82 Lansdowne Ln	City Cheshire	State CT	Zip Code 06410-1510
Principal Occupation ATTORNEY	Name of Employer QUINNIPIAC LAW SCHOOL		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>10012017A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/01/2017
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

Last Name CHANDRA	First SATISH	MI	Contribution ID # 0279
Residential Street Address 374 Hilltop Rd	City Orange	State CT	Zip Code 06477-1644
Principal Occupation RETIRED	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>10012017A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/01/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name JADA	First SIVANANDA	MI	Contribution ID # 0280
Residential Street Address 689 Andrea Ct	City Cheshire	State CT	Zip Code 06410
Principal Occupation PRESIDENT	Name of Employer NORTHEAST RESINS & SILICONES LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>10012017A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 10/01/2017
		Aggregate Contributions \$200.00	Amount of Contribution \$200.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>KHAITAN</b>	First <b>ANAND</b>	MI	Contribution ID # <b>0281</b>
Residential Street Address <b>28 Hendrickson Ln</b>	City <b>Unionville</b>	State <b>CT</b>	Zip Code <b>06085-1091</b>
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10012017A</b>		Date Received <b>10/01/2017</b>	Aggregate Contributions <b>\$100.00</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00</b>	

Last Name <b>HARJEE</b>	First <b>GULSHAN</b>	MI	Contribution ID # <b>0299</b>
Residential Street Address <b>PO Box 76252</b>	City <b>Atlanta</b>	State <b>GA</b>	Zip Code <b>30358-1252</b>
Principal Occupation <b>PHYSICIAN</b>	Name of Employer <b>FIRST MEDICAL CARE INC</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>10/02/2017</b>	Aggregate Contributions <b>\$100.00</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00</b>	

Last Name <b>DANNA</b>	First <b>JEFF</b>	MI	Contribution ID # <b>0300</b>
Residential Street Address <b>1145 New York Dr</b>	City <b>Altadena</b>	State <b>CA</b>	Zip Code <b>91001-3161</b>
Principal Occupation <b>MUSIC COMPOSER</b>	Name of Employer <b>BLACK MASK INC</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>10/03/2017</b>	Aggregate Contributions <b>\$50.00</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$50.00</b>	

Last Name <b>MECHANIC</b>	First <b>BARBARA</b>	MI	Contribution ID # <b>0301</b>
Residential Street Address <b>333 Hill Farm Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824-2131</b>
Principal Occupation <b>NA</b>	Name of Employer <b>NA</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>10/03/2017</b>	Aggregate Contributions <b>\$375.00</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$375.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>MECHANIC</b>	First <b>STEVEN</b>	MI	Contribution ID # <b>0302</b>
Residential Street Address <b>333 Hill Farm Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824-2131</b>
Principal Occupation <b>ATTORNEY</b>	Name of Employer <b>CITY OF NEW YORK</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>10/03/2017</b>	Aggregate Contributions <b>\$375.00</b>
		Amount of Contribution <b>\$375.00</b>	

Last Name <b>ARLOTTI</b>	First <b>SARA</b>	MI	Contribution ID # <b>0303</b>
Residential Street Address <b>44 Davenport Ave</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06830-7105</b>
Principal Occupation <b>EXECUTIVE DIRECTOR</b>	Name of Employer <b>IF HUMMINGBIRD FOUNDATION</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>10/03/2017</b>	Aggregate Contributions <b>\$375.00</b>
		Amount of Contribution <b>\$375.00</b>	

Last Name <b>CONLEY</b>	First <b>CHRISTINE</b>	MI	Contribution ID # <b>0304</b>
Residential Street Address <b>90 Crown Knoll Ct</b>	City <b>Groton</b>	State <b>CT</b>	Zip Code <b>06340-6280</b>
Principal Occupation <b>ATTORNEY</b>	Name of Employer <b>LAW OFFICE OF LORI COMFORTI</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>10/03/2017</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>SINGH</b>	First <b>MANSI</b>	MI	Contribution ID # <b>0305</b>
Residential Street Address <b>105A Old Rd</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880-4149</b>
Principal Occupation <b>ENTREPRENEUR</b>	Name of Employer <b>MINDCANVAS LLC</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>10/05/2017</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name KAGAN	First LEAH	MI	Contribution ID # 0306
Residential Street Address 141 Vine Rd	City Stamford	State CT	Zip Code 06905-2016
Principal Occupation FUNDRAISER	Name of Employer PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 10/06/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name DIXON	First COURTNEY	MI	Contribution ID # 0307
Residential Street Address 234 E Side Ave SE	City Atlanta	State GA	Zip Code 30316-1628
Principal Occupation ARTIST	Name of Employer WEBMD		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 10/06/2017	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name SATCHIT	First VINNY	MI	Contribution ID # 0308
Residential Street Address 519 8th St Apt 1R	City Brooklyn	State NY	Zip Code 11215-6909
Principal Occupation ACCOUNTANT	Name of Employer ERNST AND YOUNG LLP		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 10/06/2017	Aggregate Contributions \$375.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$375.00	

Last Name BHAT	First ANITA	MI	Contribution ID # 0309
Residential Street Address 1280 Long Ridge Rd	City Stamford	State CT	Zip Code 06903-4432
Principal Occupation SELF EMPLOYED	Name of Employer SELF EMPLOYED		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 10/06/2017	Aggregate Contributions \$250.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$250.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name KAIL	First NANCY	MI	Contribution ID # 0310
Residential Street Address 15 River View Rd	City Westport	State CT	Zip Code 06880-4924
Principal Occupation VOLUNTEER	Name of Employer KAIL		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 10/08/2017	Aggregate Contributions \$200.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$200.00	

Last Name SHROFF BAKSHI	First AMITA	MI	Contribution ID # 0311
Residential Street Address 1813 Buckhead Valley Ln NE	City Atlanta	State GA	Zip Code 30324-2796
Principal Occupation MD	Name of Employer GMC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 10/08/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name FENTON	First HEATHER	MI	Contribution ID # 0312
Residential Street Address 2747 Hawthorne Dr NE	City Atlanta	State GA	Zip Code 30345-1329
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 10/09/2017	Aggregate Contributions \$300.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$300.00	

Last Name KARINSHAK	First ZAHRA	MI	Contribution ID # 0313
Residential Street Address 2174 Sugar Springs Dr	City Lawrenceville	State GA	Zip Code 30043-5041
Principal Occupation LAWYER	Name of Employer KREMLIN & HORST LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 10/09/2017	Aggregate Contributions \$200.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$200.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>MANN</b>	First <b>JOHN</b>	MI	Contribution ID # <b>0314</b>
Residential Street Address <b>1680 Lazy River Ln</b>	City <b>Atlanta</b>	State <b>GA</b>	Zip Code <b>30350-3522</b>
Principal Occupation <b>RETIRED</b>	Name of Employer <b>RETIRED</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>10/09/2017</b>	Aggregate Contributions <b>\$100.00</b>
			Amount of Contribution <b>\$50.00</b>

Last Name <b>MANN</b>	First <b>JOHN</b>	MI	Contribution ID # <b>0315</b>
Residential Street Address <b>1680 Lazy River Ln</b>	City <b>Atlanta</b>	State <b>GA</b>	Zip Code <b>30350-3522</b>
Principal Occupation <b>RETIRED</b>	Name of Employer <b>RETIRED</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>10/09/2017</b>	Aggregate Contributions <b>\$100.00</b>
			Amount of Contribution <b>\$50.00</b>

Last Name <b>JOBIN</b>	First <b>ANNIC</b>	MI	Contribution ID # <b>0316</b>
Residential Street Address <b>2555 Briers North Dr</b>	City <b>Atlanta</b>	State <b>GA</b>	Zip Code <b>30360-2079</b>
Principal Occupation <b>DIRECTOR</b>	Name of Employer <b>WEBMD</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>10/09/2017</b>	Aggregate Contributions <b>\$100.00</b>
			Amount of Contribution <b>\$100.00</b>

Last Name <b>EATON</b>	First <b>STEVE</b>	MI	Contribution ID # <b>0282</b>
Residential Street Address <b>5445 Triangle Pkwy Ste 260</b>	City <b>Norcross</b>	State <b>GA</b>	Zip Code <b>30092-2587</b>
Principal Occupation	Name of Employer <b>EBG PARTNERS</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10092017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>10/09/2017</b>	Aggregate Contributions <b>\$750.00</b>
			Amount of Contribution <b>\$375.00</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name GUPTA	First MEERAN	MI	Contribution ID # 0283
Residential Street Address 750 Registry Ln	City Atlanta	State GA	Zip Code 30342-2865
Principal Occupation HOMEMAKER	Name of Employer HOMEMAKER		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>10092017A</u>		Date Received 10/09/2017	Aggregate Contributions \$150.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$150.00	

Last Name HAMMAM	First KRISTIN	MI	Contribution ID # 0284
Residential Street Address 1729 Friar Tuck Rd NE	City Atlanta	State GA	Zip Code 30309-2613
Principal Occupation EDITOR	Name of Employer WEBMD		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>10092017A</u>		Date Received 10/09/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name NAIK	First LAXMI	MI	Contribution ID # 0285
Residential Street Address 710 Orchard Pt	City Sandy Springs	State GA	Zip Code 30350-5549
Principal Occupation PHYSICIAN	Name of Employer --		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>10092017A</u>		Date Received 10/09/2017	Aggregate Contributions \$250.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$250.00	

Last Name SAWHNEY	First GULSHAN	MI	Contribution ID # 0286
Residential Street Address 523 Hastings Way	City Jonesboro	State GA	Zip Code 30238-6497
Principal Occupation OWNER	Name of Employer SAWHNEY ASSOCIATES		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>10092017A</u>		Date Received 10/09/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>WALL</b>	First <b>JASON</b>	MI	Contribution ID # <b>0287</b>
Residential Street Address <b>4186 Roswell Rd NE</b>	City <b>Atlanta</b>	State <b>GA</b>	Zip Code <b>30342-3761</b>
Principal Occupation <b>OWNER</b>	Name of Employer <b>JASON WALL CONSTRUCTION</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10092017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>10/09/2017</b>	Aggregate Contributions <b>\$300.00</b>
		Amount of Contribution <b>\$300.00</b>	

Last Name <b>EATON</b>	First <b>STEVE</b>	MI	Contribution ID # <b>0282</b>
Residential Street Address <b>5445 Triangle Pkwy Ste 260</b>	City <b>Norcross</b>	State <b>GA</b>	Zip Code <b>30092-2587</b>
Principal Occupation <b>Managing Director</b>	Name of Employer <b>EDG PARTNERS</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10092017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>10/09/2017</b>	Aggregate Contributions <b>\$375.00</b>
		Amount of Contribution <b>\$375.00</b>	

Last Name <b>PHOENIX</b>	First <b>ROBERT</b>	MI	Contribution ID # <b>0317</b>
Residential Street Address <b>302 Old Canterbury Tpke</b>	City <b>Norwich</b>	State <b>CT</b>	Zip Code <b>06360-1358</b>
Principal Occupation <b>RETIRED</b>	Name of Employer <b>RETIRED</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>10/10/2017</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>BHAT</b>	First <b>JAYDEEP</b>	MI	Contribution ID # <b>0318</b>
Residential Street Address <b>815 Hillpine Dr NE</b>	City <b>Atlanta</b>	State <b>GA</b>	Zip Code <b>30306-3266</b>
Principal Occupation <b>PHYSICIAN</b>	Name of Employer <b>KAISER PERMANENTE</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>10/10/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>BHARGAVA</b>	First <b>YOG AND BHARAT</b>	MI	Contribution ID # <b>0319</b>
Residential Street Address <b>1070 Dougal Ct</b>	City <b>Great Falls</b>	State <b>VA</b>	Zip Code <b>22066-1707</b>
Principal Occupation <b>CEO</b>	Name of Employer <b>BANKWORLD INC.</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>10/10/2017</b>	Aggregate Contributions <b>\$200.00</b>
		Amount of Contribution <b>\$200.00</b>	

Last Name <b>AGRAWAL</b>	First <b>GITA</b>	MI	Contribution ID # <b>0320</b>
Residential Street Address <b>22 Hampden Cir</b>	City <b>Simsbury</b>	State <b>CT</b>	Zip Code <b>06070-1265</b>
Principal Occupation <b>INFORMATION MANAGEMENT</b>	Name of Employer <b>RETIRED</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>10/10/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>SERVEDIO</b>	First <b>JENNIFER</b>	MI	Contribution ID # <b>0321</b>
Residential Street Address <b>81 Sawmill Ln</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06830-4027</b>
Principal Occupation <b>INTERIOR DECORATOR</b>	Name of Employer <b>WONDERNOSE DESIGN &amp; IDEAS</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>10/11/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>PELLETIER</b>	First <b>DANIELLE</b>	MI	Contribution ID # <b>0322</b>
Residential Street Address <b>1901 Half Moon Bay Dr</b>	City <b>Croton On Hudson</b>	State <b>NY</b>	Zip Code <b>10520-3123</b>
Principal Occupation <b>NOT EMPLOYED</b>	Name of Employer <b>NOT EMPLOYED</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>10/11/2017</b>	Aggregate Contributions <b>\$375.00</b>
		Amount of Contribution <b>\$5.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name PELLETIER	First DANIELLE	MI	Contribution ID # 0323
Residential Street Address 1901 Half Moon Bay Dr	City Croton On Hudson	State NY	Zip Code 10520-3123
Principal Occupation NOT EMPLOYED	Name of Employer NOT EMPLOYED		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/11/2017
		Aggregate Contributions \$375.00	Amount of Contribution \$370.00

Last Name KIRK	First DONALD	MI	Contribution ID # 0289
Residential Street Address 40 Rockwood Ln	City Greenwich	State CT	Zip Code 06830-3844
Principal Occupation RETIRED	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 10/12/2017
		Aggregate Contributions \$375.00	Amount of Contribution \$375.00

Last Name KIRK	First MARY	MI	Contribution ID # 0290
Residential Street Address 40 Rockwood Ln	City Greenwich	State CT	Zip Code 06830-3844
Principal Occupation HOMEMAKER	Name of Employer HOMEMAKER		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 10/12/2017
		Aggregate Contributions \$375.00	Amount of Contribution \$375.00

Last Name FITZPATRICK	First THOMAS	MI	Contribution ID # 0324
Residential Street Address 33 Lockwood Rd	City Riverside	State CT	Zip Code 06878-1823
Principal Occupation FINANCE	Name of Employer CITI		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/13/2017
		Aggregate Contributions \$350.00	Amount of Contribution \$350.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name PERLOE	First JONATHAN	MI	Contribution ID # 0325
Residential Street Address 71 Valleywood Rd	City Cos Cob	State CT	Zip Code 06807-2318
Principal Occupation LEGISLATIVE ADVOCACY	Name of Employer CT AGAINST GUN VIOLENCE		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/13/2017
		Aggregate Contributions \$25.00	Amount of Contribution \$25.00

Last Name BHARGAVA	First ALKA	MI	Contribution ID # 0326
Residential Street Address 393 Charles Dr	City Cheshire	State CT	Zip Code 06410-2903
Principal Occupation CYBER SECURITY CONSULTANT	Name of Employer NTT DATA		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/14/2017
		Aggregate Contributions \$108.00	Amount of Contribution \$108.00

Last Name DURYEA	First TINA	MI	Contribution ID # 0327
Residential Street Address 6 Deane Ct	City Norwalk	State CT	Zip Code 06853-1005
Principal Occupation ARTIST	Name of Employer SELF		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/15/2017
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

Last Name BHARGAVA	First VISHAKH	MI	Contribution ID # 0328
Residential Street Address 241 Alexandria Way	City Basking Ridge	State NJ	Zip Code 07920-2775
Principal Occupation MANAGER	Name of Employer VERIZON		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/15/2017
		Aggregate Contributions \$101.00	Amount of Contribution \$101.00



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>MUJTABA</b>	First <b>ZULEKHA</b>	MI	Contribution ID # <b>0293</b>
Residential Street Address <b>381 Timberlane Dr</b>	City <b>Orange</b>	State <b>CT</b>	Zip Code <b>06477-2844</b>
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>10/15/2017</b>	Aggregate Contributions <b>\$50.00-</b> <b>\$25.00-</b>

Last Name <b>MUJTABA</b>	First <b>ZULEKHA</b>	MI	Contribution ID # <b>0293</b>
Residential Street Address <b>381 Timberlane Dr</b>	City <b>Orange</b>	State <b>CT</b>	Zip Code <b>06477-2844</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>10/15/2017</b>	Aggregate Contributions <b>\$25.00</b> <b>\$25.00</b>

Last Name <b>CHANDALIA</b>	First <b>PUSHPA</b>	MI	Contribution ID # <b>0288</b>
Residential Street Address <b>18 Hamilton Ct</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824-7831</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>10/16/2017</b>	Aggregate Contributions <b>\$100.00</b> <b>\$100.00</b>

Last Name <b>SHENOY</b>	First <b>DIVAKAR</b>	MI	Contribution ID # <b>0291</b>
Residential Street Address <b>98 Hedgehog Ln</b>	City <b>West Simsbury</b>	State <b>CT</b>	Zip Code <b>06092-2104</b>
Principal Occupation <b>RETIRED</b>	Name of Employer <b>RETIRED</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>10/16/2017</b>	Aggregate Contributions <b>\$100.00</b> <b>\$100.00</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name PUGA	First CASEY	MI	Contribution ID # 0292
Residential Street Address 8 S Highland Ave	City Nyack	State NY	Zip Code 10960-2443
Principal Occupation N/A	Name of Employer NOT EMPLOYED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 10/16/2017	Aggregate Contributions \$375.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$375.00	

Last Name CHANDALIA	First PUSHPA	MI	Contribution ID # <del>0288</del>
Residential Street Address <del>18 Hamilton Ct</del>	City Fairfield	State CT	Zip Code <del>06824-7831</del>
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received <del>10/16/2017</del>	Aggregate Contributions <del>\$200.00</del>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <del>\$100.00</del>	

Last Name KENNEDY	First JANINE	MI	Contribution ID # 0329
Residential Street Address 80 Meadow Wood Dr	City Greenwich	State CT	Zip Code 06830-7057
Principal Occupation HOME MAKER	Name of Employer UNEMPLOYED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 10/16/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name FRASCELLA	First ANTHONY	MI	Contribution ID # 0330
Residential Street Address 9 Boulder Brook Rd	City Greenwich	State CT	Zip Code 06830-3514
Principal Occupation FINANCE	Name of Employer ARISTEIA CAPITAL		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 10/16/2017	Aggregate Contributions \$200.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$200.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name FRASCELLA	First JENNIFER	MI	Contribution ID # 0331
Residential Street Address 9 Boulder Brook Rd	City Greenwich	State CT	Zip Code 06830-3514
Principal Occupation HOMEMAKER	Name of Employer NONE		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 10/16/2017	Aggregate Contributions \$200.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$200.00	

Last Name GROSS	First PHIL	MI	Contribution ID # 0332
Residential Street Address 465 W End Ave # 1C	City New York	State NY	Zip Code 10024-4926
Principal Occupation ATTORNEY	Name of Employer KLEINBERG KAPLAN		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 10/16/2017	Aggregate Contributions \$375.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$375.00	

Last Name GRUBER	First LEXIE	MI	Contribution ID # 0333
Residential Street Address 1602 Potomac Ave SE	City Washington	State DC	Zip Code 20003-3133
Principal Occupation POLICY ASSOCIATE	Name of Employer AMERICAN PUBLIC HUMAN SERVICES ASSOCIATION		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 10/16/2017	Aggregate Contributions \$10.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$10.00	

Last Name FIRESTONE	First CARRIE	MI	Contribution ID # 0334
Residential Street Address 36 Cambridge Xing	City Avon	State CT	Zip Code 06001-4104
Principal Occupation WRITER	Name of Employer SELF-EMPLOYED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 10/17/2017	Aggregate Contributions \$250.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$250.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>FIRESTONE</b>	First <b>MICHAEL</b>	MI	Contribution ID # <b>0335</b>
Residential Street Address <b>36 Cambridge Xing</b>	City <b>Avon</b>	State <b>CT</b>	Zip Code <b>06001-4104</b>
Principal Occupation <b>RADIOLOGIST</b>	Name of Employer <b>RADIOLOGY ASSOCIATES OF HARTFORD</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>10/17/2017</b>
		Aggregate Contributions <b>\$250.00</b>	Amount of Contribution <b>\$250.00</b>

Last Name <b>YADAV</b>	First <b>BHAGIRATH</b>	MI	Contribution ID # <b>0336</b>
Residential Street Address <b>8942 Peach Ct</b>	City <b>Jonesboro</b>	State <b>GA</b>	Zip Code <b>30236-5359</b>
Principal Occupation <b>RETIRED</b>	Name of Employer <b>RETIRED</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>10/17/2017</b>
		Aggregate Contributions <b>\$100.00</b>	Amount of Contribution <b>\$100.00</b>

Last Name <b>YADAV</b>	First <b>SONNY</b>	MI	Contribution ID # <b>0337</b>
Residential Street Address <b>8942 Peach Ct</b>	City <b>Jonesboro</b>	State <b>GA</b>	Zip Code <b>30236-5359</b>
Principal Occupation <b>SELF EMPLOYED</b>	Name of Employer <b>SELF EMPLOYED</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>10/17/2017</b>
		Aggregate Contributions <b>\$100.00</b>	Amount of Contribution <b>\$100.00</b>

Last Name <b>BENNETT</b>	First <b>COLETTE</b>	MI	Contribution ID # <b>0338</b>
Residential Street Address <b>15 Central Park W # 4C</b>	City <b>New York</b>	State <b>NY</b>	Zip Code <b>10023-7708</b>
Principal Occupation <b>N/A</b>	Name of Employer <b>NON</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>10/18/2017</b>
		Aggregate Contributions <b>\$250.00</b>	Amount of Contribution <b>\$250.00</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>RATTNER</b>	First <b>REBECCA</b>	MI	Contribution ID # <b>0339</b>
Residential Street Address <b>998 5th Ave</b>	City <b>New York</b>	State <b>NY</b>	Zip Code <b>10028-0102</b>
Principal Occupation <b>LAW CLERK</b>	Name of Employer <b>CLEARY GOTTLIEB STEEN &amp; HAMILTON</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>10/18/2017</b>
		Aggregate Contributions <b>\$100.00</b>	Amount of Contribution <b>\$100.00</b>

Last Name <b>SEHGAL</b>	First <b>RAGHBIR</b>	MI	Contribution ID # <b>0294</b>
Residential Street Address <b>55 Cliffside Xing</b>	City <b>Atlanta</b>	State <b>GA</b>	Zip Code <b>30350-2704</b>
Principal Occupation <b>PARTNER</b>	Name of Employer <b>SELF</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received <b>10/18/2017</b>
		Aggregate Contributions <b>\$375.00</b>	Amount of Contribution <b>\$375.00</b>

Last Name <b>MEHRA</b>	First <b>KAREN</b>	MI	Contribution ID # <b>0340</b>
Residential Street Address <b>44 Mayfair Ln</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06831-3640</b>
Principal Occupation <b>HOMEMAKER</b>	Name of Employer <b>NONE</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>10/20/2017</b>
		Aggregate Contributions <b>\$375.00</b>	Amount of Contribution <b>\$375.00</b>

Last Name <b>MINDICH</b>	First <b>JESSICA</b>	MI	Contribution ID # <b>0341</b>
Residential Street Address <b>714 Lake Ave</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06830-3362</b>
Principal Occupation <b>SELF EMPLOYED</b>	Name of Employer <b>CALIBER COLLECTION, LLC</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>10/22/2017</b>
		Aggregate Contributions <b>\$375.00</b>	Amount of Contribution <b>\$375.00</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name PADDON	First MELANIE	MI	Contribution ID # 0342
Residential Street Address 215 Sycamore Ter	City Stamford	State CT	Zip Code 06902-2027
Principal Occupation MANAGING DIRECTOR, CLIENT SERVICES	Name of Employer PERELLA WEINBERG PARTNERS		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/23/2017
		Aggregate Contributions \$250.00	Amount of Contribution \$250.00

Last Name HAMILTON	First MARCIA	MI	Contribution ID # 0343
Residential Street Address 14 Brookridge Dr	City Greenwich	State CT	Zip Code 06830-4830
Principal Occupation SPEECH WRITER & LYRICIST	Name of Employer SELF		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/24/2017
		Aggregate Contributions \$375.00	Amount of Contribution \$375.00

Last Name LEEDS	First STEPHANIE	MI	Contribution ID # 0344
Residential Street Address 39 Midbrook Ln	City Old Greenwich	State CT	Zip Code 06870-1427
Principal Occupation PHYSICIAN	Name of Employer WESTCHESTER HEALTH		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/24/2017
		Aggregate Contributions \$250.00	Amount of Contribution \$250.00

Last Name STOWE	First KATHLEEN	MI	Contribution ID # 0345
Residential Street Address 52 Crown Ln	City Greenwich	State CT	Zip Code 06831-3102
Principal Occupation NONE	Name of Employer NOT EMPLOYED		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/24/2017
		Aggregate Contributions \$200.00	Amount of Contribution \$200.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name LEON	First KARINA	MI	Contribution ID # 0346
Residential Street Address 7 Tod Rd	City Norwalk	State CT	Zip Code 06851-1535
Principal Occupation MANAGER	Name of Employer KEN ISCOL		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 10/25/2017	Aggregate Contributions \$375.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$375.00	

Last Name GATES	First ROZANNE	MI	Contribution ID # 0347
Residential Street Address 277A North Ave	City Westport	State CT	Zip Code 06880-1325
Principal Occupation WRITER	Name of Employer SELF		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 10/25/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name BAKER	First CHRISTINE	MI	Contribution ID # 0348
Residential Street Address 11 Pinecroft Rd	City Greenwich	State CT	Zip Code 06830-3922
Principal Occupation STAY AT HOME	Name of Employer NONE		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 10/25/2017	Aggregate Contributions \$150.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$150.00	

Last Name RICHARD	First KAREN	MI	Contribution ID # 0349
Residential Street Address 38 Grahampton Ln	City Greenwich	State CT	Zip Code 06830-3859
Principal Occupation HOMEMAKER	Name of Employer HOMEMAKER		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 10/25/2017	Aggregate Contributions \$350.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$350.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name LAKE	First NICOLE	MI	Contribution ID # 0350
Residential Street Address 27 Woodland St	City Manchester	State CT	Zip Code 06042-3009
Principal Occupation ATTORNEY	Name of Employer COMMUNITY HEALTH CENTER, INC.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/25/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name ENNIS	First JOHN	MI	Contribution ID # 0351
Residential Street Address 21 Canterbury Rd	City Denville	State NJ	Zip Code 07834-9630
Principal Occupation RETIRED	Name of Employer NONE		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/26/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name MCNAMEE	First MARY	MI	Contribution ID # 0352
Residential Street Address 1 Putnam HI Apt 3C	City Greenwich	State CT	Zip Code 06830-5702
Principal Occupation RETIRED ACCOUNTANT	Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/26/2017	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name DASGUPTA	First TRINA	MI	Contribution ID # 0353
Residential Street Address 20 Bayard St Apt Park	City Brooklyn	State NY	Zip Code 11211-1051
Principal Occupation PRODUCER	Name of Employer SINGLE PALM TREE PRODUCTIONS		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/26/2017	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name RYAN	First MATTHEW	MI	Contribution ID # 0354
Residential Street Address 2178 Hollyridge Dr	City Los Angeles	State CA	Zip Code 90068-3515
Principal Occupation EXECUTIVE	Name of Employer STARBUCKS		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/26/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name MARGENOT	First JOHN	MI	Contribution ID # 0355
Residential Street Address 29 Davenport Ave	City Greenwich	State CT	Zip Code 06830-7105
Principal Occupation SELF EMPLOYED	Name of Employer SELF EMPLOYED		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/27/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name RAHMAN	First MD	MI	Contribution ID # 0356
Residential Street Address 6 Penny Ln	City Manchester	State CT	Zip Code 06040-6870
Principal Occupation BUSINESS OWNER	Name of Employer MARJARS SOURCING INC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/27/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name FLORESE	First SABRINA	MI	Contribution ID # 0357
Residential Street Address 69 Haines Blvd	City Port Chester	State NY	Zip Code 10573-2122
Principal Occupation ASSISTANT TO THE PRESIDENT	Name of Employer IF HUMMINGBIRD FOUNDATION/ISCOL FAMILY OFFICE		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/27/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name SOULE	First SANDRA	MI	Contribution ID # 0358
Residential Street Address 18 Lakeview Dr	City Riverside	State CT	Zip Code 06878-1111
Principal Occupation RETIRED	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/27/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name COHAN	First CATHERINE	MI	Contribution ID # 0295
Residential Street Address 25 Wallacks Dr	City Stamford	State CT	Zip Code 06902-7114
Principal Occupation CONSULTANT	Name of Employer THE BURNETT COLLECTIVE		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 10/27/2017
		Aggregate Contributions \$375.00	Amount of Contribution \$375.00

Last Name CASADONA	First MARK	MI	Contribution ID # 0359
Residential Street Address 6848 Juno St	City Forest Hills	State NY	Zip Code 11375-5728
Principal Occupation BANKER	Name of Employer CITIBANK		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/28/2017
		Aggregate Contributions \$350.00	Amount of Contribution \$350.00

Last Name VERMA	First ASHA	MI	Contribution ID # 0360
Residential Street Address 877 Geranium Dr	City Warrington	State PA	Zip Code 18976-2487
Principal Occupation NURSING	Name of Employer EMCM		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/29/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name AMARU	First VINNY	MI	Contribution ID # 0361
Residential Street Address 18 Sniffen Rd	City Westport	State CT	Zip Code 06880-1221
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 10/30/2017	Aggregate Contributions \$375.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$375.00	

Last Name SEXTON	First PATRICIA	MI	Contribution ID # 0362
Residential Street Address 1695 Lindenhall Dr	City Loveland	State OH	Zip Code 45140-2119
Principal Occupation FOUNDER	Name of Employer THE HAPPINESS IDEA		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 10/30/2017	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name VEITH	First TARA	MI	Contribution ID # 0363
Residential Street Address 339 Inwood Rd	City Fairfield	State CT	Zip Code 06825-1638
Principal Occupation CERTIFIED KITCHEN DESIGNER	Name of Employer SELF EMPLOYED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 10/30/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name ISKOWITZ	First JOSEPH	MI	Contribution ID # 0364
Residential Street Address 167 W 71st St Apt 19	City New York	State NY	Zip Code 10023-3832
Principal Occupation LAWYER	Name of Employer KLEINBERG, KAPLAN, WOLFF & COHEN, P.C.		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 10/30/2017	Aggregate Contributions \$250.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$250.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name LEVIN	First JOHN	MI	Contribution ID # 0365
Residential Street Address 249 Chestnut Hill Rd	City Norwalk	State CT	Zip Code 06851-1412
Principal Occupation INVESTOR	Name of Employer UNTAMED CAPITAL LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/30/2017	Aggregate Contributions \$100.00
			\$100.00

Last Name EENKEMA VAN DIJK	First ARJAN	MI	Contribution ID # 0366
Residential Street Address 3 Lane Way	City Rye	State NY	Zip Code 10580-2247
Principal Occupation EXECUTIVE COACH	Name of Employer INSPIRESHIFT		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/30/2017	Aggregate Contributions \$375.00
			\$375.00

Last Name WADHWANI	First SHILPI	MI	Contribution ID # 0367
Residential Street Address 2045 Shaudi Ln	City Atlanta	State GA	Zip Code 30345-7606
Principal Occupation HOME MAKER	Name of Employer NONE		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/30/2017	Aggregate Contributions \$25.00
			\$25.00

Last Name RIETVELD	First BENNY	MI	Contribution ID # 0368
Residential Street Address 3435 Ocean Park Blvd	City Santa Monica	State CA	Zip Code 90405-3301
Principal Occupation MUSICIAN	Name of Employer CRISTALINO, INC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/31/2017	Aggregate Contributions \$75.00
			\$25.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>MEYER</b>	First <b>KRISTIN</b>	MI	Contribution ID # <b>0369</b>
Residential Street Address <b>5 Bayberrie Dr</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06902-1901</b>
Principal Occupation <b>REAL ESTATE</b>	Name of Employer <b>SOUNDVIEW FARMS</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>10/31/2017</b>	Aggregate Contributions <b>\$150.00</b>
		Amount of Contribution <b>\$150.00</b>	

Last Name <b>BRUMLEY</b>	First <b>SANFORD</b>	MI	Contribution ID # <b>0370</b>
Residential Street Address <b>2 Laurel Lane Spur</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06830-3847</b>
Principal Occupation <b>RETIRED</b>	Name of Employer <b>RETIRED</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>10/31/2017</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>JUNEJA</b>	First <b>MANJU</b>	MI	Contribution ID # <b>0371</b>
Residential Street Address <b>845 United Nations Plz</b>	City <b>New York</b>	State <b>NY</b>	Zip Code <b>10017-3540</b>
Principal Occupation <b>ASSET MANAGER</b>	Name of Employer <b>NWI MANAGEMENT LP</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>10/31/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>JAMES</b>	First <b>TERI</b>	MI	Contribution ID # <b>0372</b>
Residential Street Address <b>2 Laurel Lane Spur</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06830-3847</b>
Principal Occupation <b>RETIRED</b>	Name of Employer <b>RETIRED</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>10/31/2017</b>	Aggregate Contributions <b>\$10.00</b>
		Amount of Contribution <b>\$10.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>WEISER</b>	First <b>JEFF</b>	MI	Contribution ID # <b>0373</b>
Residential Street Address <b>237 Lafayette St Apt 11W</b>	City <b>New York</b>	State <b>NY</b>	Zip Code <b>10012-4008</b>
Principal Occupation <b>TRADER</b>	Name of Employer <b>ROW ASSET MANAGEMENT</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>10/31/2017</b>	Aggregate Contributions <b>\$375.00</b>
		Amount of Contribution <b>\$375.00</b>	

Last Name <b>MACLEOD</b>	First <b>WILL</b>	MI	Contribution ID # <b>0374</b>
Residential Street Address <b>33 E 22nd St</b>	City <b>New York</b>	State <b>NY</b>	Zip Code <b>10010-5306</b>
Principal Occupation <b>BANKER</b>	Name of Employer <b>NOMURA</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>10/31/2017</b>	Aggregate Contributions <b>\$250.00</b>
		Amount of Contribution <b>\$250.00</b>	

Last Name <b>MORRIS</b>	First <b>JAKE</b>	MI	Contribution ID # <b>0375</b>
Residential Street Address <b>33 E 22nd St</b>	City <b>New York</b>	State <b>NY</b>	Zip Code <b>10010-5306</b>
Principal Occupation <b>BANKER</b>	Name of Employer <b>NOMURA</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>10/31/2017</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>TREPANIER</b>	First <b>ERIC</b>	MI	Contribution ID # <b>0376</b>
Residential Street Address <b>201 Marin Blvd # 1608</b>	City <b>Jersey City</b>	State <b>NJ</b>	Zip Code <b>07302-6491</b>
Principal Occupation <b>ADMINISTRATOR</b>	Name of Employer <b>WEBMD</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>10/31/2017</b>	Aggregate Contributions <b>\$375.00</b>
		Amount of Contribution <b>\$375.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name AKARAPU	First SRINIVAS	MI	Contribution ID # 0377
Residential Street Address 13 Chipping Ln Apt AA9	City Norwalk	State CT	Zip Code 06854-1109
Principal Occupation DIRECTOR	Name of Employer SAADH INC.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/31/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name WUTHRICH	First MAY	MI	Contribution ID # 0378
Residential Street Address 5 Roosevelt Ave	City Old Greenwich	State CT	Zip Code 06870-1810
Principal Occupation PUBLISHING EXECUTIVE	Name of Employer SELF EMPLOYED		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/31/2017
		Aggregate Contributions \$125.00	Amount of Contribution \$125.00

Last Name SCHLOSSBERG	First SHANA	MI	Contribution ID # 0379
Residential Street Address 1 W St 2006	City New York	State NY	Zip Code 10004-1021
Principal Occupation CEO	Name of Employer UPWARD HARTFORD		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 10/31/2017
		Aggregate Contributions \$375.00	Amount of Contribution \$375.00

Last Name PEREZ	First GLORIBELLE	MI	Contribution ID # 0380
Residential Street Address 1820 Madison Ave Apt 6C	City New York	State NY	Zip Code 10035-3885
Principal Occupation ATTORNEY	Name of Employer NYS DEPARTMENT OF LABOR		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>11012017A</u>		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 11/01/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name FERNANDEZ	First FERNANDO	MI	Contribution ID # 0409
Residential Street Address 741 E Ridgewood Ave	City Ridgewood	State NJ	Zip Code 07450-3906
Principal Occupation BANKER	Name of Employer HSBC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/01/2017	Aggregate Contributions \$150.00
		Amount of Contribution \$150.00	

Last Name GIL	First GREGORY	MI	Contribution ID # 0410
Residential Street Address 15 Asmara Way	City Easton	State CT	Zip Code 06612-2101
Principal Occupation ACCOUNTANT	Name of Employer N/A SELF EMPLOYED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/01/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name MOONEY	First AMY	MI	Contribution ID # 0411
Residential Street Address 47 Lafayette Pl Apt 5B	City Greenwich	State CT	Zip Code 06830-5404
Principal Occupation FINANCIAL ADVISOR	Name of Employer MORGAN'S SYABLEY		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/01/2017	Aggregate Contributions \$150.00
		Amount of Contribution \$150.00	

Last Name CHANG	First CLARE	MI	Contribution ID # 0412
Residential Street Address 70 Little West St # 19F	City New York	State NY	Zip Code 10004-7410
Principal Occupation NONE	Name of Employer KEITH CHANG MD PLLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/01/2017	Aggregate Contributions \$200.00
		Amount of Contribution \$200.00	



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name CROFT	First HELIMA	MI	Contribution ID # 0413
Residential Street Address 2 Water St Apt 9C	City New York	State NY	Zip Code 10004-8805
Principal Occupation HEAD OF COMMODITY STRATEGY	Name of Employer RBC CAPITAL MARKETS		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/01/2017	Aggregate Contributions \$250.00
		Amount of Contribution \$250.00	

Last Name BHARGAVA	First ANJALI	MI	Contribution ID # 0414
Residential Street Address 1040 Dean St Apt 417	City Brooklyn	State NY	Zip Code 11238-3479
Principal Occupation OWNER	Name of Employer BIJA BHAR		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/01/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name DEONARINE	First DAVID	MI	Contribution ID # 0415
Residential Street Address 11 Horseshoe Ln	City Somers	State CT	Zip Code 06071-2235
Principal Occupation PAYMENT PROFESSIONAL	Name of Employer PREMIER FINANCIAL SOLUTIONS INC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/02/2017	Aggregate Contributions \$15.00
		Amount of Contribution \$15.00	

Last Name SCHEDE	First LOUIS	MI	Contribution ID # 0416
Residential Street Address 130 Lenox Ave Ste 3	City Stamford	State CT	Zip Code 06906-2321
Principal Occupation SCHEDE PLUMBING	Name of Employer SCHEDE PLUMBING		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/03/2017	Aggregate Contributions \$300.00
		Amount of Contribution \$300.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name CENICOLA	First AMY	MI	Contribution ID # 0417
Residential Street Address 160 Riverside Blvd Apt 7J	City New York	State NY	Zip Code 10069-0705
Principal Occupation CONSULTANT	Name of Employer CENICOLA CONSULTING		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/03/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name MOUMDIJIAN	First HARRY	MI	Contribution ID # 0418
Residential Street Address 766 Wooded Trl	City Franklin Lakes	State NJ	Zip Code 07417-1200
Principal Occupation BANKING	Name of Employer MORGAN STANLEY		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/04/2017	Aggregate Contributions \$150.00
			Amount of Contribution \$150.00

Last Name KOHLI	First SONIA	MI	Contribution ID # 0419
Residential Street Address 415 E 37th St Apt 6E	City New York	State NY	Zip Code 10016-3208
Principal Occupation DENTIST	Name of Employer SONIA KOHLI DDS PC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/05/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name KADABA	First SRIDHAR	MI	Contribution ID # 0420
Residential Street Address 296 Grandview Dr	City Glastonbury	State CT	Zip Code 06033-3946
Principal Occupation PARTNER	Name of Employer STAR CONSULTING GROUP LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/05/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name KADABA	First PRANEETA	MI	Contribution ID # 0421
Residential Street Address 296 Grandview Dr	City Glastonbury	State CT	Zip Code 06033-3946
Principal Occupation NOT EMPLOYED	Name of Employer NOT EMPLOYED		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/05/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name BHARGAVA	First GAUTAM	MI	Contribution ID # 0422
Residential Street Address 528 Churchill Ave	City Palo Alto	State CA	Zip Code 94301-3605
Principal Occupation ENGINEER	Name of Employer AMAZON		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/06/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name MECHANIC	First MICHELLE	MI	Contribution ID # 0423
Residential Street Address 6 Blackberry Ln	City Westport	State CT	Zip Code 06880-2711
Principal Occupation ATTORNEY AND ARTIST	Name of Employer SELF		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/06/2017	Aggregate Contributions \$425.00
			Amount of Contribution \$50.00

Last Name BOYLE	First BERNARD	MI	Contribution ID # 0424
Residential Street Address 700 W Crescent Ave	City Allendale	State NJ	Zip Code 07401-1910
Principal Occupation RETIRED	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/06/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>ENNIS</b>	First <b>LISA</b>	MI	Contribution ID # <b>0425</b>
Residential Street Address <b>21 Canterbury Rd</b>	City <b>Denville</b>	State <b>NJ</b>	Zip Code <b>07834-9630</b>
Principal Occupation <b>EDUCATION</b>	Name of Employer <b>NONE</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>11/06/2017</b>	Aggregate Contributions <b>\$200.00</b>
		Amount of Contribution <b>\$200.00</b>	

Last Name <b>MESSINEO LONG</b>	First <b>ALESSANDRA</b>	MI	Contribution ID # <b>0426</b>
Residential Street Address <b>34 Field Rd</b>	City <b>Riverside</b>	State <b>CT</b>	Zip Code <b>06878-2327</b>
Principal Occupation <b>ATTORNEY</b>	Name of Employer <b>LAW OFFICES OF ALESSANDRA M. MESSINEO LONG, LLC</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>11/07/2017</b>	Aggregate Contributions <b>\$300.00</b>
		Amount of Contribution <b>\$300.00</b>	

Last Name <b>DICHRISTINA</b>	First <b>WENDY</b>	MI	Contribution ID # <b>0427</b>
Residential Street Address <b>81 Roton Ave</b>	City <b>Norwalk</b>	State <b>CT</b>	Zip Code <b>06853-1639</b>
Principal Occupation <b>ATTORNEY</b>	Name of Employer <b>WENDY DUNNE DICHRISTINA, ESQ.</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>11/07/2017</b>	Aggregate Contributions <b>\$375.00</b>
		Amount of Contribution <b>\$375.00</b>	

Last Name <b>STEIN</b>	First <b>TERRI</b>	MI	Contribution ID # <b>0428</b>
Residential Street Address <b>8 Hedgerow Ln</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06831-3340</b>
Principal Occupation <b>LAWYER</b>	Name of Employer <b>DTI</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>11/07/2017</b>	Aggregate Contributions <b>\$375.00</b>
		Amount of Contribution <b>\$375.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name WIENER	First CAROLYN	MI	Contribution ID # 0429
Residential Street Address 66 Vista Dr	City Greenwich	State CT	Zip Code 06830-7128
Principal Occupation LAWYER	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/08/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name WIENER	First MALCOLM	MI	Contribution ID # 0430
Residential Street Address 66 Vista Dr	City Greenwich	State CT	Zip Code 06830-7128
Principal Occupation PRE-HISTORIAN	Name of Employer INSTAP		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/08/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name COURAGE	First AMY	MI	Contribution ID # 0431
Residential Street Address 66 Arch St	City Riverside	State CT	Zip Code 06878-1924
Principal Occupation ARCHITECT	Name of Employer COURAGE & CO		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/08/2017	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name KHICHADIA	First SONAL	MI	Contribution ID # 0432
Residential Street Address 471 Lake Ave	City Greenwich	State CT	Zip Code 06830-3830
Principal Occupation NOT EMPLOYED	Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/08/2017	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name DONOVAN	First KATJA	MI	Contribution ID # 0382
Residential Street Address 12 Hidden Brook Rd	City Riverside	State CT	Zip Code 06878-2326
Principal Occupation COM	Name of Employer GERNMAN ACADEMY OF NY		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>11082017A</u>		Date Received 11/08/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name RAJ	First DEEPAK	MI	Contribution ID # 0433
Residential Street Address 190 Brooks Bnd	City Princeton	State NJ	Zip Code 08540-7545
Principal Occupation REAL ESTATE	Name of Employer RAJ ASSOCIATES		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 11/10/2017	Aggregate Contributions \$375.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$375.00	

Last Name BERG	First JUDITH	MI	Contribution ID # 0434
Residential Street Address 28 Dandy Dr	City Cos Cob	State CT	Zip Code 06807-2203
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 11/10/2017	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name SCHEUER	First ROBERT	MI	Contribution ID # 0381
Residential Street Address 960 Lake Ave	City Greenwich	State CT	Zip Code 06831-3032
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 11/10/2017	Aggregate Contributions \$500.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$500.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>BHARGAVA</b>	First <b>KUSUM</b>	MI	Contribution ID # <b>0383</b>
Residential Street Address <b>2229 Galina Pl</b>	City <b>Fort Wayne</b>	State <b>IN</b>	Zip Code <b>46804-5232</b>
Principal Occupation <b>HOMEMAKER</b>	Name of Employer <b>NONE</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>11082017A</b>		Date Received <b>11/11/2017</b>	Aggregate Contributions <b>\$100.00</b>
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00</b>	

Last Name <b>AKULA</b>	First <b>VENKATA</b>	MI	Contribution ID # <b>0384</b>
Residential Street Address <b>10 Denhurst Pl</b>	City <b>Darien</b>	State <b>CT</b>	Zip Code <b>06820-3801</b>
Principal Occupation <b>IT</b>	Name of Employer <b>ENGELHART COMMODITIES TRADING</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>11082017A</b>		Date Received <b>11/11/2017</b>	Aggregate Contributions <b>\$100.00</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00</b>	

Last Name <b>BLAKE</b>	First <b>BENJAMIN</b>	MI	Contribution ID # <b>0385</b>
Residential Street Address <b>5 Anchorage Dr</b>	City <b>Milford</b>	State <b>CT</b>	Zip Code <b>06460-6504</b>
Principal Occupation <b>MAYOR</b>	Name of Employer <b>CITY OF MILFORD</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>11122017A</b>		Date Received <b>11/12/2017</b>	Aggregate Contributions <b>\$50.00</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$50.00</b>	

Last Name <b>LEE</b>	First <b>ANDREA</b>	MI	Contribution ID # <b>0386</b>
Residential Street Address <b>15 Walnut Pl</b>	City <b>Wilton</b>	State <b>CT</b>	Zip Code <b>06897-2324</b>
Principal Occupation <b>CONSULTANT</b>	Name of Employer <b>SELF</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>11122017A</b>		Date Received <b>11/12/2017</b>	Aggregate Contributions <b>\$200.00</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$200.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>NEWBERG</b>	First <b>CECILE</b>	MI	Contribution ID # <b>0387</b>
Residential Street Address <b>1A Punch Bowl Dr</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880-2126</b>
Principal Occupation <b>NONE</b>	Name of Employer <b>NONE</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>11122017A</b>		Date Received <b>11/12/2017</b>	Aggregate Contributions <b>\$200.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00-</b>	

Last Name <b>SOUSA</b>	First <b>MANUEL</b>	MI	Contribution ID # <b>0388</b>
Residential Street Address <b>17 Anvill Rd</b>	City <b>Southport</b>	State <b>CT</b>	Zip Code <b>06890-1086</b>
Principal Occupation <b>CONSULTANT</b>	Name of Employer <b>RETIRED</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>11122017A</b>		Date Received <b>11/12/2017</b>	Aggregate Contributions <b>\$250.00</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$250.00</b>	

Last Name <b>NEWBERG</b>	First <b>CECILE</b>	MI	Contribution ID # <b>0387</b>
Residential Street Address <b>1A Punch Bowl Dr</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880-2126</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>NONE</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>11122017A</b>		Date Received <b>11/12/2017</b>	Aggregate Contributions <b>\$100.00</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00</b>	

Last Name <b>SHARMA</b>	First <b>MADHAVI</b>	MI	Contribution ID # <b>0390</b>
Residential Street Address <b>136 Thunder Lake Rd</b>	City <b>Wilton</b>	State <b>CT</b>	Zip Code <b>06897-1335</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>NONE</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>11132017A</b>		Date Received <b>11/13/2017</b>	Aggregate Contributions <b>\$100.00</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00</b>	



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>SHARMA</b>	First <b>ANJANA</b>	MI	Contribution ID # <b>0389</b>
Residential Street Address <b>6 Stonecroft Way</b>	City <b>Monroe</b>	State <b>CT</b>	Zip Code <b>06468-5208</b>
Principal Occupation <b>DIRECTOR OF NURSING</b>	Name of Employer <b>CT DEPT OF ENERGY</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>11132017A</b>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>11/13/2017</b>
		Aggregate Contributions <b>\$100.00</b>	Amount of Contribution <b>\$100.00</b>

Last Name <b>SHARMA</b>	First <b>MADHAVI</b>	MI	Contribution ID # <b>0390</b>
Residential Street Address <b>136 Thunder Lake Rd</b>	City <b>Wilton</b>	State <b>CT</b>	Zip Code <b>06897-1335</b>
Principal Occupation <b>NONE</b>	Name of Employer <b>NONE</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>11132017A</b>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>11/13/2017</b>
		Aggregate Contributions <b>\$200.00</b>	Amount of Contribution <b>\$100.00</b>

Last Name <b>HUBBA</b>	First <b>GEORGE</b>	MI	Contribution ID # <b>0435</b>
Residential Street Address <b>210 E 68th St Apt 16C</b>	City <b>New York</b>	State <b>NY</b>	Zip Code <b>10065-6031</b>
Principal Occupation <b>INVESTMENT PROFESSIONAL</b>	Name of Employer <b>ALGONQUIN ADVISORS LLC</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>11/13/2017</b>
		Aggregate Contributions <b>\$200.00</b>	Amount of Contribution <b>\$200.00</b>

Last Name <b>TRACEY</b>	First <b>SONJA</b>	MI	Contribution ID # <b>0436</b>
Residential Street Address <b>1 Windy Hill Rd</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880-3729</b>
Principal Occupation <b>UNEMPLOYED</b>	Name of Employer <b>UNEMPLOYED</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>11/13/2017</b>
		Aggregate Contributions <b>\$10.00</b>	Amount of Contribution <b>\$10.00</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name NALAWADE	First SHANTI	MI	Contribution ID # 0437
Residential Street Address 25 Winding Ln	City Darren	State CT	Zip Code 06820-5516
Principal Occupation HOME MAKER	Name of Employer HOME MAKER		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/13/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name KALRA	First RAKESH	MI	Contribution ID # 0438
Residential Street Address 40 Dahl Ave	City Stratford	State CT	Zip Code 06614-2790
Principal Occupation RETIRED	Name of Employer NONE		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/13/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name KAPUR	First SUNILA	MI	Contribution ID # 0439
Residential Street Address 223 Dudley Rd	City Wilton	State CT	Zip Code 06897-3516
Principal Occupation REALTOR	Name of Employer SILVER PINE REAL ESTATE		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/13/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name CHAWLA	First MADAN	MI	Contribution ID # 0440
Residential Street Address 118 Judd St	City Fairfield	State CT	Zip Code 06824-3512
Principal Occupation COMMERCIAL CREDIT	Name of Employer PEOPLE'S BANK		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/13/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name ELLIS	First EVE	MI	Contribution ID # 0441
Residential Street Address 71 W 83rd St	City New York	State NY	Zip Code 10024-5274
Principal Occupation FINANCIAL ADVISOR	Name of Employer MORGAN STANLEY		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/14/2017	Aggregate Contributions \$150.00
		Amount of Contribution \$150.00	

Last Name KAPLAN	First DAVID	MI	Contribution ID # 0442
Residential Street Address 8 Hedgerow Ln	City Greenwich	State CT	Zip Code 06831-3340
Principal Occupation INVESTMENT MANAGEMENT	Name of Employer BARON CAPITAL		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/14/2017	Aggregate Contributions \$350.00
		Amount of Contribution \$350.00	

Last Name ZARRILLI	First LOUISE	MI	Contribution ID # 0443
Residential Street Address 203 Heights Rd	City Ridgewood	State NJ	Zip Code 07450-2413
Principal Occupation INVESTOR RELATIONS EXECUTIVE	Name of Employer TUDOR INVESTMENT CORPORATION		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/14/2017	Aggregate Contributions \$150.00
		Amount of Contribution \$150.00	

Last Name BELL	First ALESSIA	MI	Contribution ID # 0444
Residential Street Address 20 Greenbrier Rd	City Westport	State CT	Zip Code 06880-1613
Principal Occupation LEGAL	Name of Employer INTEGREON		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/15/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name NAZARIO	First BRUNILDA	MI	Contribution ID # 0445
Residential Street Address 520 W 23rd St Apt 12F	City New York	State NY	Zip Code 10011-1132
Principal Occupation PHYSICIAN	Name of Employer WEBMD		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 11/15/2017	Aggregate Contributions \$375.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$375.00	

Last Name BAIRD	First JENNIFER	MI	Contribution ID # 0446
Residential Street Address 175 Riverside Ave	City Riverside	State CT	Zip Code 06878-2212
Principal Occupation CONSULTANT	Name of Employer NEXT DOOR VENTURES LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 11/15/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name RAMOS	First MARYANN	MI	Contribution ID # 0447
Residential Street Address 12 Glenville St Ste 105	City Greenwich	State CT	Zip Code 06831-3638
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 11/15/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name OBERLANDER	First JILL	MI	Contribution ID # 0395
Residential Street Address 19 Bush Ave	City Greenwich	State CT	Zip Code 06830-7070
Principal Occupation RETIRED	Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 11/15/2017	Aggregate Contributions \$350.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$350.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>GREENBERG</b>	First <b>KENNETH</b>	MI	Contribution ID # <b>0448</b>
Residential Street Address <b>15 Sachem Rd</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06830-7230</b>
Principal Occupation <b>ATTORNEY</b>	Name of Employer <b>SELF EMPLOYED</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>11/16/2017</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>SIMON</b>	First <b>LAURENCE</b>	MI	Contribution ID # <b>0449</b>
Residential Street Address <b>48 Edgewood Dr</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06831-5240</b>
Principal Occupation <b>RETIRED</b>	Name of Employer <b>RETIRED</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>11/16/2017</b>	Aggregate Contributions <b>\$300.00</b>
		Amount of Contribution <b>\$300.00</b>	

Last Name <b>SHAPIRO</b>	First <b>NEIL</b>	MI	Contribution ID # <b>0450</b>
Residential Street Address <b>163 Cognewaugh Rd</b>	City <b>Cos Cob</b>	State <b>CT</b>	Zip Code <b>06807-1505</b>
Principal Occupation <b>RETIRED</b>	Name of Employer <b>SELF</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>11/17/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>RAO</b>	First <b>SUNIL</b>	MI	Contribution ID # <b>0396</b>
Residential Street Address <b>1 Sachem Trl</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880-5715</b>
Principal Occupation <b>TECHNOLOGY DIRECTOR</b>	Name of Employer <b>GARTNER, INC.</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received <b>11/18/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>SEYAL</b>	First <b>AZIZ</b>	MI	Contribution ID # <b>0397</b>
Residential Street Address <b>138 Mona Ter.</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation	Name of Employer <b>SELF-EMPLOYED</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date Received <b>11/18/2017</b>	Aggregate Contributions <b>\$200.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00-</b>	

Last Name <b>AZALI</b>	First <b>AFAF</b>	MI	Contribution ID # <b>0398</b>
Residential Street Address <b>18 Old Stratfield Rd .</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>HOUSEWIFE</b>	Name of Employer <b>N/A</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date Received <b>11/18/2017</b>	Aggregate Contributions <b>\$100.00</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00</b>	

Last Name <b>BHAT</b>	First <b>GAUTAM</b>	MI	Contribution ID # <b>0392</b>
Residential Street Address <b>57 Coachlamp Ln</b>	City <b>Darien</b>	State <b>CT</b>	Zip Code <b>06820-5220</b>
Principal Occupation <b>IT</b>	Name of Employer <b>GE CAPITAL</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date Received <b>11/18/2017</b>	Aggregate Contributions <b>\$100.00</b>
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00</b>	

Last Name <b>RAHMAN</b>	First <b>YELENA</b>	MI	Contribution ID # <b>0393</b>
Residential Street Address <b>6 Penny Ln</b>	City <b>Manchester</b>	State <b>CT</b>	Zip Code <b>06040-6870</b>
Principal Occupation	Name of Employer <b>MARJARS SOURCING, INC.</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date Received <b>11/18/2017</b>	Aggregate Contributions <b>\$200.00-</b>
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00-</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>MUSTHAFA</b>	First <b>GHULAM</b>	MI	Contribution ID # <b>0394</b>
Residential Street Address <b>625 W Taft Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06604-1829</b>
Principal Occupation <b>STORE MANAGER</b>	Name of Employer <b>SHOPRITE</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>11/18/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>SEYAL</b>	First <b>AZIZ</b>	MI	Contribution ID # <b>0397</b>
Residential Street Address <b>138 Mona Ter .</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>Realtor</b>	Name of Employer <b>William Raveis</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>11/18/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>RAHMAN</b>	First <b>YELENA</b>	MI	Contribution ID # <b>0393</b>
Residential Street Address <b>6 Penny Ln</b>	City <b>Manchester</b>	State <b>CT</b>	Zip Code <b>06040-6870</b>
Principal Occupation <b>Director of Quality Control</b>	Name of Employer <b>MARJARS SOURCING, INC.</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>11/18/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>CHARLTON</b>	First <b>LORI</b>	MI	Contribution ID # <b>0399</b>
Residential Street Address <b>171 Birch Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>PARTNER</b>	Name of Employer <b>DELOITTE &amp; TOUCHE LLP</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>11192017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>11/19/2017</b>	Aggregate Contributions <b>\$375.00</b>
		Amount of Contribution <b>\$375.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>SINGH</b>	First <b>ASHUTOSH</b>	MI	Contribution ID # <b>0451</b>
Residential Street Address <b>94 Moraine Rd</b>	City <b>Morris Plains</b>	State <b>NJ</b>	Zip Code <b>07950-2760</b>
Principal Occupation <b>FINANCIAL ANALYST</b>	Name of Employer <b>MSCI, INC</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>11/19/2017</b>	Aggregate Contributions <b>\$100.00</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00</b>	

Last Name <b>BLEY</b>	First <b>DAN</b>	MI	Contribution ID # <b>0452</b>
Residential Street Address <b>4 Morningside Dr N Apt 202</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880-3854</b>
Principal Occupation <b>CHIEF RISK OFFICER</b>	Name of Employer <b>WEBSTER BANK</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>11/19/2017</b>	Aggregate Contributions <b>\$100.00</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00</b>	

Last Name <b>BALAN</b>	First <b>SATHYAPRIYA</b>	MI	Contribution ID # <b>0453</b>
Residential Street Address <b>519 8th St</b>	City <b>Brooklyn</b>	State <b>NY</b>	Zip Code <b>11215-6910</b>
Principal Occupation <b>TEACHER</b>	Name of Employer <b>NY PUBLIC SCHOOLS</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>11/21/2017</b>	Aggregate Contributions <b>\$100.00</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00</b>	

Last Name <b>KLINTBERG</b>	First <b>GUNNAR</b>	MI	Contribution ID # <b>0391</b>
Residential Street Address <b>22 Shore Rd</b>	City <b>Old Greenwich</b>	State <b>CT</b>	Zip Code <b>06870-1813</b>
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>11/21/2017</b>	Aggregate Contributions <b><del>\$50.00</del></b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b><del>\$25.00</del></b>	



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>KLINTBERG</b>	First <b>GUNNAR</b>	MI	Contribution ID # <b>0391</b>
Residential Street Address <b>22 Shore Rd</b>	City <b>Old Greenwich</b>	State <b>CT</b>	Zip Code <b>06870-1813</b>
Principal Occupation <b>Independent Director</b>	Name of Employer <b>Jurisprudent Deferral Solutions, LLC</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>11/21/2017</b>	Aggregate Contributions <b>\$25.00</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$25.00</b>	

Last Name <b>DICHRISTINA</b>	First <b>PATRICE</b>	MI	Contribution ID # <b>0454</b>
Residential Street Address <b>81 Roton Ave</b>	City <b>Norwalk</b>	State <b>CT</b>	Zip Code <b>06853-1639</b>
Principal Occupation <b>STUDENT</b>	Name of Employer <b>N/A</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>11/22/2017</b>	Aggregate Contributions <b>\$375.00</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$375.00</b>	

Last Name <b>WHITTLE</b>	First <b>ERNEST</b>	MI	Contribution ID # <b>0455</b>
Residential Street Address <b>416 Roxbury Rd</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06902-1224</b>
Principal Occupation <b>DENTIST</b>	Name of Employer <b>SELF EMPLOYED; ERNEST J. WHITTLE DDS LLC</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>11/22/2017</b>	Aggregate Contributions <b>\$255.00</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$5.00</b>	

Last Name <b>WHITTLE</b>	First <b>ERNEST</b>	MI	Contribution ID # <b>0456</b>
Residential Street Address <b>416 Roxbury Rd</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06902-1224</b>
Principal Occupation <b>DENTIST</b>	Name of Employer <b>SELF EMPLOYED; ERNEST J. WHITTLE DDS LLC</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>11/22/2017</b>	Aggregate Contributions <b>\$255.00</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$250.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name HALEY	First REGINA	MI	Contribution ID # 0457
Residential Street Address 48 Old Sawmill Rd	City Trumbull	State CT	Zip Code 06611-3355
Principal Occupation MARKETING	Name of Employer ADVANTAGE SOLUTIONS		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/22/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name BANUCCI	First EUGENE	MI	Contribution ID # 0458
Residential Street Address 9290 E Thompson Peak Pkwy Unit 153	City Scottsdale	State AZ	Zip Code 85255-4509
Principal Occupation CORPORATE DIRECTOR	Name of Employer SELF EMPLOYED		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/22/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name GARCIA	First JOSE	MI	Contribution ID # 0459
Residential Street Address PO Box 382	City Port Chester	State NY	Zip Code 10573-0382
Principal Occupation LANDSCAPING	Name of Employer LUIS LANDSCAPING & MAINTENANCE		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/24/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name NARULA	First AMAN	MI	Contribution ID # 0460
Residential Street Address 116 Danbury Riad Unit 5213	City Wilton	State CT	Zip Code 06897
Principal Occupation RESTAURANT MANAGER	Name of Employer INDIAN NATURAL FOODS		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/25/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>SEBASTIAN</b>	First <b>LYNNE</b>	MI	Contribution ID # <b>0461</b>
Residential Street Address <b>63 Edgewater Commons Ln</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880-6148</b>
Principal Occupation <b>EXECUTIVE SEARCH</b>	Name of Employer <b>FAIRFIELD PARTNERS</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>11/25/2017</b>
		Aggregate Contributions <b>\$150.00</b>	Amount of Contribution <b>\$150.00</b>

Last Name <b>RICHARD</b>	First <b>ANDREW</b>	MI	Contribution ID # <b>0462</b>
Residential Street Address <b>38 Grahampton Ln</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06830-3859</b>
Principal Occupation <b>BANKER</b>	Name of Employer <b>CREDIT SUISSE</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>11/25/2017</b>
		Aggregate Contributions <b>\$350.00</b>	Amount of Contribution <b>\$350.00</b>

Last Name <b>POLONIA</b>	First <b>BRIAN</b>	MI	Contribution ID # <b>0463</b>
Residential Street Address <b>120 W 183rd St Apt 54</b>	City <b>Bronx</b>	State <b>NY</b>	Zip Code <b>10453-1144</b>
Principal Occupation <b>SOFTWARE ENGINEER</b>	Name of Employer <b>SELF EMPLOYED</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>11/25/2017</b>
		Aggregate Contributions <b>\$375.00</b>	Amount of Contribution <b>\$375.00</b>

Last Name <b>SRINIVASAN</b>	First <b>AMRUTUR</b>	MI	Contribution ID # <b>0464</b>
Residential Street Address <b>25 Colony Cir</b>	City <b>Glastonbury</b>	State <b>CT</b>	Zip Code <b>06033-2605</b>
Principal Occupation <b>ENGINEER</b>	Name of Employer <b>RETIRED</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>11/26/2017</b>
		Aggregate Contributions <b>\$100.00</b>	Amount of Contribution <b>\$100.00</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name GERMAN	First MAGALIS	MI	Contribution ID # 0465
Residential Street Address 2260 University Ave Apt 70	City Bronx	State NY	Zip Code 10468-6235
Principal Occupation HOME ATTENDANT	Name of Employer PREMIERE HOME CARE		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/26/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name BANGALORE	First SRINIVAS	MI	Contribution ID # 0466
Residential Street Address 104 Harmund Pl	City Wethersfield	State CT	Zip Code 06109-1264
Principal Occupation HEALTH PROGRAM ASSISTANT	Name of Employer STATE OF CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/26/2017	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name SACHDEV	First DR. MOHAN	MI	Contribution ID # 0467
Residential Street Address 960 Kennedy Rd	City Windsor	State CT	Zip Code 06095-1931
Principal Occupation VETERINARIAN	Name of Employer SELF		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/26/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name AGRAWAL	First GIRIDHARI	MI	Contribution ID # 0408
Residential Street Address 22 Hampden Cir	City Simsbury	State CT	Zip Code 06070-1265
Principal Occupation ENGINEER	Name of Employer SELF		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>11262017A</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/26/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>SHAH</b>	First <b>VIJAY</b>	MI	Contribution ID # <b>0405</b>
Residential Street Address <b>212 Kinne Rd</b>	City <b>Glastonbury</b>	State <b>CT</b>	Zip Code <b>06033-3852</b>
Principal Occupation <b>ENGINEER</b>	Name of Employer <b>Self Employed</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>11262017A</b>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>11/26/2017</b>
		Aggregate Contributions <b>\$100.00</b>	Amount of Contribution <b>\$100.00</b>

Last Name <b>BASU</b>	First <b>BARUN</b>	MI	Contribution ID # <b>0400</b>
Residential Street Address <b>38 Hope St</b>	City <b>Niantic</b>	State <b>CT</b>	Zip Code <b>06357-2410</b>
Principal Occupation <b>ARCHITECT</b>	Name of Employer <b>BARUN BASU</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>11262017A</b>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>11/26/2017</b>
		Aggregate Contributions <b>\$100.00</b>	Amount of Contribution <b>\$100.00</b>

Last Name <b>BASU</b>	First <b>LAKSHMI</b>	MI	Contribution ID # <b>0401</b>
Residential Street Address <b>38 Hope St .</b>	City <b>Niantic</b>	State <b>CT</b>	Zip Code <b>06357</b>
Principal Occupation <b>PHYSICIAN</b>	Name of Employer <b>SELF</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>11262017A</b>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>11/26/2017</b>
		Aggregate Contributions <b>\$100.00</b>	Amount of Contribution <b>\$100.00</b>

Last Name <b>KALE</b>	First <b>MILIND</b>	MI	Contribution ID # <b>0402</b>
Residential Street Address <b>525 Town Colony Dr</b>	City <b>Middletown</b>	State <b>CT</b>	Zip Code <b>06457-5911</b>
Principal Occupation <b>PSYCHIATRIST</b>	Name of Employer <b>MILIND KALE, MD LLC</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>11262017A</b>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>11/26/2017</b>
		Aggregate Contributions <b>\$100.00</b>	Amount of Contribution <b>\$100.00</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>RAMBHIA</b>	First <b>DAMI</b>	MI	Contribution ID # <b>0403</b>
Residential Street Address <b>66 Ruff Cir</b>	City <b>Glastonbury</b>	State <b>CT</b>	Zip Code <b>06033-1439</b>
Principal Occupation <b>RETIRED</b>	Name of Employer <b>RETIRED</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>11262017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>11/26/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>SRINIVASAN</b>	First <b>KAMLA</b>	MI	Contribution ID # <b>0404</b>
Residential Street Address <b>25 Colony Cir</b>	City <b>Glastonbury</b>	State <b>CT</b>	Zip Code <b>06033-2605</b>
Principal Occupation <b>BOOK SALES</b>	Name of Employer <b>SELF EMPLOYED</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>11262017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>11/26/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>SHAH</b>	First <b>VIJAY</b>	MI	Contribution ID # <b>0405</b>
Residential Street Address <b>212 Kinne Rd</b>	City <b>Glastonbury</b>	State <b>CT</b>	Zip Code <b>06033-3852</b>
Principal Occupation <b>ENGINEER</b>	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>11262017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>11/26/2017</b>	Aggregate Contributions <b><del>\$200.00</del></b>
		Amount of Contribution <b><del>\$100.00</del></b>	

Last Name <b>BRADFORD</b>	First <b>ALLEN</b>	MI	Contribution ID # <b>0406</b>
Residential Street Address <b>81 Canton Rd .</b>	City <b>West Simsbury</b>	State <b>CT</b>	Zip Code <b>06092</b>
Principal Occupation <b>ATTORNEY</b>	Name of Employer <b>BRADFORD, PERLSTEIN &amp; ASSOC</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>11/27/2017</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name LEWIS	First JOYCIE	MI	Contribution ID # 0468
Residential Street Address 13 Benedict Ct	City Greenwich	State CT	Zip Code 06830-5319
Principal Occupation CEO/OWNER	Name of Employer AGORA SPA		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/27/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name OLSSON	First JONATHAN	MI	Contribution ID # 0469
Residential Street Address 25 Ferncliff Rd	City Cos Cob	State CT	Zip Code 06807-1206
Principal Occupation LAWYER	Name of Employer NIELSEN		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/27/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name CONDON	First JANE	MI	Contribution ID # 0470
Residential Street Address 38 Close Rd	City Greenwich	State CT	Zip Code 06831-2722
Principal Occupation COMEDIAN	Name of Employer SELF, JANE CONDON		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/27/2017	Aggregate Contributions \$200.00
			Amount of Contribution \$100.00

Last Name DEGRAW	First ELENI	MI	Contribution ID # 0471
Residential Street Address 112 Westland Rd	City Avon	State CT	Zip Code 06001-2349
Principal Occupation WRITER	Name of Employer SELF		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/27/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>ABELES</b>	First <b>SANDRA</b>	MI	Contribution ID # <b>0472</b>
Residential Street Address <b>3185 Crescent St 402</b>	City <b>Astoria</b>	State <b>NY</b>	Zip Code <b>11106-3727</b>
Principal Occupation <b>ATTORNEY</b>	Name of Employer <b>NEW YORK CITY</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>11/27/2017</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>ANGREJI</b>	First <b>DIPA</b>	MI	Contribution ID # <b>0473</b>
Residential Street Address <b>87 Wilton Woods Rd</b>	City <b>Wilton</b>	State <b>CT</b>	Zip Code <b>06897-1124</b>
Principal Occupation <b>DIRECTOR</b>	Name of Employer <b>GE</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>11/28/2017</b>	Aggregate Contributions <b>\$375.00</b>
		Amount of Contribution <b>\$375.00</b>	

Last Name <b>HERNANDEZ</b>	First <b>MARIA</b>	MI	Contribution ID # <b>0474</b>
Residential Street Address <b>120 W 183rd St Apt 44</b>	City <b>Bronx</b>	State <b>NY</b>	Zip Code <b>10453-1143</b>
Principal Occupation <b>SALES CLERK</b>	Name of Employer <b>BAKERY</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>11/28/2017</b>	Aggregate Contributions <b>\$375.00</b>
		Amount of Contribution <b>\$375.00</b>	

Last Name <b>DAVIS</b>	First <b>JENNIFER</b>	MI	Contribution ID # <b>0475</b>
Residential Street Address <b>542 Lake Ave</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06830-3852</b>
Principal Occupation <b>HOMEMAKER</b>	Name of Employer <b>NOT EMPLOYED</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>11/28/2017</b>	Aggregate Contributions <b>\$250.00</b>
		Amount of Contribution <b>\$250.00</b>	



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name ALLEN	First SARAH	MI	Contribution ID # 0476
Residential Street Address 511 W 232nd St Apt E32	City Bronx	State NY	Zip Code 10463-3560
Principal Occupation ASSOCIATE DIRECTOR AND TUTOR	Name of Employer ADVANTAGE TESTING		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/28/2017	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name BARCELLOS-ALLEN	First DANA	MI	Contribution ID # 0477
Residential Street Address 5 Fall Brk	City Avon	State CT	Zip Code 06001-3523
Principal Occupation PR	Name of Employer HESCO		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/28/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name GUERRERO	First OMAR	MI	Contribution ID # 0478
Residential Street Address 120 W 183rd St Apt 44	City Bronx	State NY	Zip Code 10453-1143
Principal Occupation CUSTOMER SERVICE	Name of Employer TOYOTA		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/28/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name RAMER	First JEFFREY	MI	Contribution ID # 0407
Residential Street Address 2 Wesskum Wood Rd	City Riverside	State CT	Zip Code 06878-1919
Principal Occupation RETIRED	Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 11/28/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>BELSHAW</b>	First <b>GEORGE</b>	MI	Contribution ID # <b>0479</b>
Residential Street Address <b>15 Rockview Dr</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06830-4612</b>
Principal Occupation <b>FATHER</b>	Name of Employer <b>SELF</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>11/29/2017</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>MINOR</b>	First <b>CRAIG</b>	MI	Contribution ID # <b>0480</b>
Residential Street Address <b>88 Anderson Ave</b>	City <b>Bristol</b>	State <b>CT</b>	Zip Code <b>06010-6739</b>
Principal Occupation <b>CITY PLANNER</b>	Name of Employer <b>TOWN OF NEWINGTON</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>11/29/2017</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>BLANK</b>	First <b>BRIDGET</b>	MI	Contribution ID # <b>0481</b>
Residential Street Address <b>11 Bolling Pl</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06830-6537</b>
Principal Occupation <b>OWNER BEVERAGE DISTRIBUTOR</b>	Name of Employer <b>12% IMPORTS LLC</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>11/30/2017</b>	Aggregate Contributions <b>\$375.00</b>
		Amount of Contribution <b>\$375.00</b>	

Last Name <b>SISLER</b>	First <b>DIANA</b>	MI	Contribution ID # <b>0482</b>
Residential Street Address <b>338 Bennett St</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825-1373</b>
Principal Occupation <b>CONSULTANT</b>	Name of Employer <b>IFS LLC (SELF)</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>11/30/2017</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name MARCHAND	First DONAT ("DON")	MI	Contribution ID # 0483
Residential Street Address 87 Birch Ln	City Greenwich	State CT	Zip Code 06830-3912
Principal Occupation ATTORNEY	Name of Employer IVEY, BARNUM & O'MARA LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 11/30/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name CROUCHER	First SARAH	MI	Contribution ID # 0484
Residential Street Address 168 Woodbine Rd	City Colchester	State CT	Zip Code 06415-1884
Principal Occupation EXECUTIVE DIRECTOR	Name of Employer NARAL PRO-CHOICE 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 11/30/2017	Aggregate Contributions \$10.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$10.00	

Last Name DEONARINE	First DAVID	MI	Contribution ID # 0485
Residential Street Address 11 Horseshoe Ln	City Somers	State CT	Zip Code 06071-2235
Principal Occupation PAYMENT PROFESSIONAL	Name of Employer PREMIER FINANCIAL SOLUTIONS INC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 11/30/2017	Aggregate Contributions \$20.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name BHARUCHA	First DEBORAH	MI	Contribution ID # 0486
Residential Street Address 2 Bixby Ct	City Rye	State NY	Zip Code 10580-1133
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 11/30/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>SAMBERG</b>	First <b>JOEL</b>	MI	Contribution ID # <b>0487</b>
Residential Street Address <b>76 Cider Brook Rd</b>	City <b>Avon</b>	State <b>CT</b>	Zip Code <b>06001-2831</b>
Principal Occupation <b>WRITER</b>	Name of Employer <b>SELF EMPLOYED</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>11/30/2017</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

Last Name <b>WILLIS</b>	First <b>KEITH</b>	MI	Contribution ID # <b>0488</b>
Residential Street Address <b>9967 Villa Rica Hwy</b>	City <b>Villa Rica</b>	State <b>GA</b>	Zip Code <b>30180-3601</b>
Principal Occupation <b>GENERAL MANAGER</b>	Name of Employer <b>ALBERICI</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>11/30/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>BLEY</b>	First <b>KARI</b>	MI	Contribution ID # <b>0489</b>
Residential Street Address <b>4 Morningside Dr N Apt 202</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880-3854</b>
Principal Occupation <b>STAY AT HOME</b>	Name of Employer <b>NONE</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>11/30/2017</b>	Aggregate Contributions <b>\$375.00</b>
		Amount of Contribution <b>\$175.00</b>	

Last Name <b>SUVARNA</b>	First <b>NANDITA</b>	MI	Contribution ID # <b>0490</b>
Residential Street Address <b>144 Idlewood Dr</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06905-2406</b>
Principal Occupation <b>BUSINESS OWNER</b>	Name of Employer <b>SELF EMPLOYED</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>11/30/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name BLEY	First DAN	MI	Contribution ID # 0491
Residential Street Address 4 Morningside Dr N Apt 202	City Westport	State CT	Zip Code 06880-3854
Principal Occupation CHIEF RISK OFFICER	Name of Employer WEBSTER BANK		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/30/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$275.00

Last Name SANGAMESWARAN	First JAYASHREE	MI	Contribution ID # 0492
Residential Street Address 31 Georgian Ln	City Darien	State CT	Zip Code 06820-3128
Principal Occupation IT PROGRAM MANAGER	Name of Employer GE DIGITAL		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/30/2017	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name BELSHAW	First GEORGE	MI	Contribution ID # 0493
Residential Street Address 15 Rockview Dr	City Greenwich	State CT	Zip Code 06830-4612
Principal Occupation FATHER	Name of Employer SELF		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/30/2017	Aggregate Contributions \$275.00
			Amount of Contribution \$250.00

Last Name KADABA	First ASHWINI	MI	Contribution ID # 0494
Residential Street Address 296 Grandview Dr	City Glastonbury	State CT	Zip Code 06033-3946
Principal Occupation STUDENT	Name of Employer STUDENT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/30/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name GIBSON	First KATIE	MI	Contribution ID # 0495
Residential Street Address 200 Arch Rd	City Avon	State CT	Zip Code 06001-4203
Principal Occupation RETAIL	Name of Employer BARNES & NOBLE		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/30/2017
		Aggregate Contributions \$25.00	Amount of Contribution \$25.00

Last Name KADABA	First ARVIND	MI	Contribution ID # 0496
Residential Street Address 296 Grandview Dr	City Glastonbury	State CT	Zip Code 06033-3946
Principal Occupation ANALYST	Name of Employer CARDO CAPITAL		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/30/2017
		Aggregate Contributions \$375.00	Amount of Contribution \$375.00

Last Name SETH	First SONAL	MI	Contribution ID # 0537
Residential Street Address 41 Cliffdale Rd	City Greenwich	State CT	Zip Code 06831-2902
Principal Occupation INVESTMENTS	Name of Employer SELF EMPLOYED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/01/2017
		Aggregate Contributions \$300.00	Amount of Contribution \$300.00

Last Name DURYEA	First TINA	MI	Contribution ID # 0538
Residential Street Address 6 Deane Ct	City Norwalk	State CT	Zip Code 06853-1005
Principal Occupation ARTIST	Name of Employer SELF		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/01/2017
		Aggregate Contributions \$75.00	Amount of Contribution \$25.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name CHICKLES	First AMY	MI	Contribution ID # 0539
Residential Street Address 24 Cliff Ave	City Darien	State CT	Zip Code 06820-4914
Principal Occupation DIRECTOR AT NON-PROFIT	Name of Employer SHEPHERDS MENTORS		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/01/2017
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

Last Name RASTOGI	First VEERA	MI	Contribution ID # 0540
Residential Street Address 128 Bedens Brook Rd	City Skillman	State NJ	Zip Code 08558-2303
Principal Occupation LAWYER	Name of Employer ETHICON		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/01/2017
		Aggregate Contributions \$375.00	Amount of Contribution \$375.00

Last Name BECKMAN	First KRISTEN	MI	Contribution ID # 0541
Residential Street Address 100 Husted Ln	City Greenwich	State CT	Zip Code 06830-3935
Principal Occupation SALES	Name of Employer CLIENTS: POSANA PARTNERS LLC, 39 W 54TH LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/01/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name MCDERMOTT	First ANNE	MI	Contribution ID # 0542
Residential Street Address 27 Topstone Rd	City Ridgefield	State CT	Zip Code 06877-3410
Principal Occupation CERTIFIED NURSE MIDWIFE	Name of Employer YALE SCHOOL OF NURSING		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/02/2017
		Aggregate Contributions \$250.00	Amount of Contribution \$250.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name MENKE	First ELIZABETH	MI	Contribution ID # 0543
Residential Street Address 30 Soundview Farm	City Weston	State CT	Zip Code 06883-2628
Principal Occupation CONSULTANT, ENTREPRENEUR	Name of Employer SELF (INDEPENDENT CONTRACTOR WITH BENTLEY ASSOCIAT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/02/2017
		Aggregate Contributions \$250.00	Amount of Contribution \$250.00

Last Name HALEY	First SHAWN	MI	Contribution ID # 0544
Residential Street Address 48 Old Sawmill Rd	City Trumbull	State CT	Zip Code 06611-3355
Principal Occupation PROGRAMMER	Name of Employer JAYSTAR		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/03/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name FILMER	First SANDRA	MI	Contribution ID # 0545
Residential Street Address 10 Harriet Ln	City Darien	State CT	Zip Code 06820-4802
Principal Occupation RETIRED	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/03/2017
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

Last Name BECKMAN	First RICHARD	MI	Contribution ID # 0546
Residential Street Address 100 Husted Ln	City Greenwich	State CT	Zip Code 06830-3935
Principal Occupation PRESIDENT	Name of Employer THE HILL		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/03/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name CHAVAN	First SANTOSH	MI	Contribution ID # 0547
Residential Street Address 18 Lacey Ln	City Norwalk	State CT	Zip Code 06854-1116
Principal Occupation DIRECTOR	Name of Employer TAKE-TWO		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/03/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name AKOLE	First SUNIL	MI	Contribution ID # 0548
Residential Street Address 1 Lacey Ln # B	City Norwalk	State CT	Zip Code 06854-1116
Principal Occupation FINANCIAL RISK MANAGER	Name of Employer GE CAPITAL		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/03/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name SELVARAJU	First SATHISKUMAR	MI	Contribution ID # 0549
Residential Street Address 12 Crescent Park Rd	City Westport	State CT	Zip Code 06880-4538
Principal Occupation DATABASE ADMINISTRATOR	Name of Employer NASDAQ		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/03/2017	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name MISRA	First RAJNEESH	MI	Contribution ID # 0550
Residential Street Address 35 Chatham Dr	City Norwalk	State CT	Zip Code 06854-2502
Principal Occupation INFOSEC PROFESSIONAL	Name of Employer PWC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/03/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name NEELAM	First UDAYA	MI	Contribution ID # 0551
Residential Street Address 656 S Indian Hill Rd	City Orange	State CT	Zip Code 06477-2026
Principal Occupation IT PROFESSIONAL	Name of Employer SCUBE GLOBAL SOLUTIONS INC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/03/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name HONNAYA	First VISHWANATH	MI	Contribution ID # 0552
Residential Street Address 60 Trailside Dr	City Monroe	State CT	Zip Code 06468-1480
Principal Occupation SOFTWARE CONSULTANT	Name of Employer RNV INC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/03/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name RANSDEN	First SUSAN	MI	Contribution ID # 0553
Residential Street Address 317 Davis Rd	City Fairfield	State CT	Zip Code 06825-2623
Principal Occupation ACCOUNTANT	Name of Employer NEW CENTURY HOLDINGS LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/03/2017	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name BREBAN	First EDGAR	MI	Contribution ID # 0497
Residential Street Address 383 Milford Point Rd	City Milford	State CT	Zip Code 06460-5338
Principal Occupation MARBLE/GRANITE REPAIR	Name of Employer EDGAR BREBAN		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>12032017B</u>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/03/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>BORGHESAN</b>	First <b>PATRICIA</b>	MI	Contribution ID # <b>0498</b>
Residential Street Address <b>11 Scattergood Cir</b>	City <b>Trumbull</b>	State <b>CT</b>	Zip Code <b>06611-2133</b>
Principal Occupation <b>RETIRED</b>	Name of Employer <b>RETIRED</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>12032017B</b>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>12/03/2017</b>
		Aggregate Contributions <b>\$100.00</b>	Amount of Contribution <b>\$100.00</b>

Last Name <b>RILEY</b>	First <b>SUSANN</b>	MI	Contribution ID # <b>0499</b>
Residential Street Address <b>30 Old Dike Rd .</b>	City <b>Trumbull</b>	State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>ADJUNCT PROFESSOR</b>	Name of Employer <b>HOUSATONIC COMMUNITY COLLEGE</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>12032017B</b>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>12/03/2017</b>
		Aggregate Contributions <b>\$25.00</b>	Amount of Contribution <b>\$25.00</b>

Last Name <b>SARDANA</b>	First <b>DINESH</b>	MI	Contribution ID # <b>0500</b>
Residential Street Address <b>84 Saint Johns Rd</b>	City <b>Wilton</b>	State <b>CT</b>	Zip Code <b>06897-1821</b>
Principal Occupation <b>ENGINEER</b>	Name of Employer <b>PRICELINE</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>12032017A</b>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>12/03/2017</b>
		Aggregate Contributions <b>\$100.00</b>	Amount of Contribution <b>\$100.00</b>

Last Name <b>GIRARD</b>	First <b>JAN</b>	MI	Contribution ID # <b>0501</b>
Residential Street Address <b>11 L Hermitage Dr</b>	City <b>Shelton</b>	State <b>CT</b>	Zip Code <b>06484-3829</b>
Principal Occupation <b>RETIRED</b>	Name of Employer <b>RETIRED</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>12032017B</b>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>12/04/2017</b>
		Aggregate Contributions <b>\$100.00</b>	Amount of Contribution <b>\$100.00</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>BRENNAN</b>	First <b>GRACE</b>	MI	Contribution ID # <b>0554</b>
Residential Street Address <b>4745 Perugia St</b>	City <b>Dublin</b>	State <b>CA</b>	Zip Code <b>94568-4807</b>
Principal Occupation <b>OWNER</b>	Name of Employer <b>HAPPY PANDA MANDARIN SCHOOL</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/04/2017</b>
		Aggregate Contributions <b>\$100.00</b>	Amount of Contribution <b>\$100.00</b>

Last Name <b>MANGINI</b>	First <b>LISA</b>	MI	Contribution ID # <b>0555</b>
Residential Street Address <b>26 Soundview Farm</b>	City <b>Weston</b>	State <b>CT</b>	Zip Code <b>06883-2628</b>
Principal Occupation <b>PROFESSOR</b>	Name of Employer <b>FAIRFIELD UNIVERSITY</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/04/2017</b>
		Aggregate Contributions <b>\$50.00</b>	Amount of Contribution <b>\$50.00</b>

Last Name <b>MURPHY</b>	First <b>JENNY</b>	MI	Contribution ID # <b>0556</b>
Residential Street Address <b>16 Irvine Rd</b>	City <b>Old Greenwich</b>	State <b>CT</b>	Zip Code <b>06870-1808</b>
Principal Occupation <b>ADVERTISING</b>	Name of Employer <b>TIME INC.</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/04/2017</b>
		Aggregate Contributions <b>\$250.00</b>	Amount of Contribution <b>\$250.00</b>

Last Name <b>PARK</b>	First <b>BINA</b>	MI	Contribution ID # <b>0557</b>
Residential Street Address <b>18 N Sound Beach Ave Unit B</b>	City <b>Riverside</b>	State <b>CT</b>	Zip Code <b>06878-1518</b>
Principal Occupation <b>ORTHODONTIST</b>	Name of Employer <b>MBP ORTHODONTICS</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/04/2017</b>
		Aggregate Contributions <b>\$250.00</b>	Amount of Contribution <b>\$250.00</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>BEHLEN</b>	First <b>PHYLLIS</b>	MI	Contribution ID # <b>0558</b>
Residential Street Address <b>2 Ridgeview Ave</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06830-4748</b>
Principal Occupation <b>RETIRED</b>	Name of Employer <b>RETIRED</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/04/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>WALKER</b>	First <b>COLIN</b>	MI	Contribution ID # <b>0559</b>
Residential Street Address <b>6 Melwood Ln</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880-2809</b>
Principal Occupation <b>ACTOR</b>	Name of Employer <b>SAG-AFTRA</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/05/2017</b>	Aggregate Contributions <b>\$475.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>SAID</b>	First <b>KLAUS</b>	MI	Contribution ID # <b>0560</b>
Residential Street Address <b>144 Parsonage Rd</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06830-3943</b>
Principal Occupation <b>RETIRED</b>	Name of Employer <b>NONE</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/05/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>BARKER</b>	First <b>FLAVIA</b>	MI	Contribution ID # <b>0561</b>
Residential Street Address <b>13 Mortimer Dr</b>	City <b>Old Greenwich</b>	State <b>CT</b>	Zip Code <b>06870-1914</b>
Principal Occupation <b>FLORAL DESIGNER</b>	Name of Employer <b>SELF</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/05/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>SAKSENA</b>	First <b>DEEPIKA</b>	MI	Contribution ID # <b>0562</b>
Residential Street Address <b>354 Hoyt St</b>	City <b>Darien</b>	State <b>CT</b>	Zip Code <b>06820-2407</b>
Principal Occupation <b>RETIRED</b>	Name of Employer <b>RETIRED</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/05/2017</b>	Aggregate Contributions <b>\$250.00</b>
		Amount of Contribution <b>\$250.00</b>	

Last Name <b>GADA</b>	First <b>AMERSHI</b>	MI	Contribution ID # <b>0563</b>
Residential Street Address <b>55 Brook Run Ln</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06905-3002</b>
Principal Occupation <b>SOFTWARE ENGINEER</b>	Name of Employer <b>GE CAPITAL</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/05/2017</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>BAUSMAN</b>	First <b>EVELYN</b>	MI	Contribution ID # <b>0502</b>
Residential Street Address <b>603 Steamboat Rd</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06830-7172</b>
Principal Occupation <b>NONE</b>	Name of Employer <b>NONE</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>12052017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received <b>12/05/2017</b>	Aggregate Contributions <b>\$200.00-</b>
		Amount of Contribution <b>\$100.00-</b>	

Last Name <b>BAKER</b>	First <b>CHARLES</b>	MI	Contribution ID # <b>0507</b>
Residential Street Address <b>19 Roberta Ln</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06830-3953</b>
Principal Occupation <b>PRESIDENT</b>	Name of Employer <b>TIDAL ASSET MANAGEMENT, INC.</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>12052017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received <b>12/05/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>DHARANI</b>	First <b>AMYNAH</b>	MI	Contribution ID # <b>0511</b>
Residential Street Address <b>11 Turner Ln</b>	City <b>Wilton</b>	State <b>CT</b>	Zip Code <b>06897-2009</b>
Principal Occupation <b>EXECUTIVE COACH &amp; PSYCHOTHERAPIST</b>	Name of Employer <b>TRANSCENDINITY, LLC</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>12/05/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>DARANY</b>	First <b>BRITA</b>	MI	Contribution ID # <b>0519</b>
Residential Street Address <b>974 North St</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06831-2845</b>
Principal Occupation <b>HOMEMAKER</b>	Name of Employer <b>HOMEMAKER</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>12/05/2017</b>	Aggregate Contributions <b>\$250.00</b>
		Amount of Contribution <b>\$250.00</b>	

Last Name <b>DARANY</b>	First <b>TIBOR</b>	MI	Contribution ID # <b>0520</b>
Residential Street Address <b>974 North St</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06831-2845</b>
Principal Occupation <b>RETIRED</b>	Name of Employer <b>RETIRED</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>12/05/2017</b>	Aggregate Contributions <b>\$200.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>SHEEL</b>	First <b>AMIT</b>	MI	Contribution ID # <b>0525</b>
Residential Street Address <b>4613 Wigley Estates Rd</b>	City <b>Marietta</b>	State <b>GA</b>	Zip Code <b>30066-1601</b>
Principal Occupation <b>SR MANAGER</b>	Name of Employer <b>AXIALL CORP</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>12/05/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>BAUSMAN</b>	First <b>EVELYN</b>	MI	Contribution ID # <b>0502</b>
Residential Street Address <b>603 Steamboat Rd</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06830-7172</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>NONE</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>12052017A</b>		Date Received <b>12/05/2017</b>	Aggregate Contributions <b>\$100.00</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00</b>	

Last Name <b>PONZO</b>	First <b>VINCENT</b>	MI	Contribution ID # <b>0564</b>
Residential Street Address <b>420 W42ND St Apt 10B</b>	City <b>New York</b>	State <b>NY</b>	Zip Code <b>10036</b>
Principal Occupation <b>EDUCATION</b>	Name of Employer <b>COLUMBIA BUSINESS SCHOOL</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>12/06/2017</b>	Aggregate Contributions <b>\$30.11</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$30.11</b>	

Last Name <b>BAKER</b>	First <b>STEVEN</b>	MI	Contribution ID # <b>0565</b>
Residential Street Address <b>22 Charles St</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824-6402</b>
Principal Occupation <b>HOMEMAKER</b>	Name of Employer <b>NONE</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>12/06/2017</b>	Aggregate Contributions <b>\$25.00</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$25.00</b>	

Last Name <b>CHRISTIANSEN</b>	First <b>JED</b>	MI	Contribution ID # <b>0566</b>
Residential Street Address <b>1593 Kentfield Ave</b>	City <b>Redwood City</b>	State <b>CA</b>	Zip Code <b>94061-2703</b>
Principal Occupation <b>PRODUCT MANAGER</b>	Name of Employer <b>TECHSTARS</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>12/06/2017</b>	Aggregate Contributions <b>\$25.00</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$25.00</b>	



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name MARCHAND	First JANET H.	MI	Contribution ID # 0567
Residential Street Address 87 Birch Ln	City Greenwich	State CT	Zip Code 06830-3912
Principal Occupation FORMER TEACHER/LIBRARIAN	Name of Employer RETIRED GR. BOARD OF EDUC.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/07/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name SILVERMAN	First ERIC	MI	Contribution ID # 0568
Residential Street Address 271 Mount Harmony Rd	City Bernardsville	State NJ	Zip Code 07924-1417
Principal Occupation CONSTRUCTION	Name of Employer CONTRACT LOGISTICS INC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/07/2017
		Aggregate Contributions \$375.00	Amount of Contribution \$375.00

Last Name FORTENBAUGH	First MICHAEL	MI	Contribution ID # 0569
Residential Street Address 25 Gaisler Rd	City Blairstown	State NJ	Zip Code 07825-9626
Principal Occupation SAILORS	Name of Employer MANHATTAN YACHT CLUB		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/07/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name KALIMTZIS	First JOHN	MI	Contribution ID # 0570
Residential Street Address 2355 Spyglass HI	City Center Valley	State PA	Zip Code 18034-8916
Principal Occupation PUBLISHING	Name of Employer WEBMD		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/07/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name MCCOY	First CHRIS	MI	Contribution ID # 0571
Residential Street Address 1927 Greenwich St	City San Francisco	State CA	Zip Code 94123-3509
Principal Occupation EXECUTIVE	Name of Employer STORECOIN, INC.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/07/2017
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

Last Name GASSMAN	First BARRY	MI	Contribution ID # 0572
Residential Street Address 1005 Cordillera Way	City Edwards	State CO	Zip Code 81632-6222
Principal Occupation RETIRED	Name of Employer RETIRE		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/07/2017
		Aggregate Contributions \$250.00	Amount of Contribution \$250.00

Last Name GASSMAN	First CATHERINE	MI	Contribution ID # 0573
Residential Street Address 1005 Cordillera Way	City Edwards	State CO	Zip Code 81632-6222
Principal Occupation RETIRED	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/07/2017
		Aggregate Contributions \$250.00	Amount of Contribution \$250.00

Last Name MOOREFIELD	First DARDEN	MI	Contribution ID # 0574
Residential Street Address 111 Sussex St	City Jersey City	State NJ	Zip Code 07302-4489
Principal Occupation REAL ESTATE AGENT	Name of Employer SELF EMPLOYED		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/07/2017
		Aggregate Contributions \$300.00	Amount of Contribution \$300.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name ROGERS	First DAWN	MI	Contribution ID # 0575
Residential Street Address 2355 Spyglass HI	City Center Valley	State PA	Zip Code 18034-8916
Principal Occupation HUMAN RESOURCES	Name of Employer PFIZER		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/07/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name OSBORNE	First CANDICE	MI	Contribution ID # 0576
Residential Street Address 18 Park View Ave Apt 717	City Jersey City	State NJ	Zip Code 07302-7385
Principal Occupation CITY COUNCIL	Name of Employer CITY OF NJ		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/07/2017
		Aggregate Contributions \$375.00	Amount of Contribution \$375.00

Last Name LANSING	First RAY	MI	Contribution ID # 0577
Residential Street Address 46 Old Sawmill Rd Trumbull Ct # 6611 , US	City Trumbull	State CT	Zip Code 06611
Principal Occupation WOMEN'S WEAR PATTERN MAKER	Name of Employer SELF EMPLOYED- JANICE K LANSING PATTERNS		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/07/2017
		Aggregate Contributions \$25.00	Amount of Contribution \$25.00

Last Name ALLAN	First JULIA	MI	Contribution ID # 0526
Residential Street Address 105 Club Rd	City Riverside	State CT	Zip Code 06878-2003
Principal Occupation DESTINATION SERVICE CONSULTANT	Name of Employer DBY JULIA ALLAN		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 12/07/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>NAPARSTEK</b>	First <b>ABRAM</b>	MI	Contribution ID # <b>0527</b>
Residential Street Address <b>41 3rd St</b>	City <b>Brooklyn</b>	State <b>NY</b>	Zip Code <b>11231-4805</b>
Principal Occupation <b>REAL ESTATE</b>	Name of Employer <b>FOREST CITY REALTY TRUST</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>12072017B</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>12/07/2017</b>	Aggregate Contributions <b>\$250.00</b>
		Amount of Contribution <b>\$250.00</b>	

Last Name <b>CHOJAR</b>	First <b>BHARTI</b>	MI	Contribution ID # <b>0509</b>
Residential Street Address <b>33 Alpine Rd</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06830-3414</b>
Principal Occupation <b>N/A</b>	Name of Employer <b>Not Employed</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>12072017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>12/07/2017</b>	Aggregate Contributions <b>\$250.00</b>
		Amount of Contribution <b>\$250.00</b>	

Last Name <del>CHOJAR</del>	First <del>BHARTI</del>	MI	Contribution ID # <del>0509</del>
Residential Street Address <del>33 Alpine Rd</del>	City <del>Greenwich</del>	State <del>CT</del>	Zip Code <del>06830-3414</del>
Principal Occupation <del>N/A</del>	Name of Employer <del>NONE</del>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <del>12072017A</del>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <del>12/07/2017</del>	Aggregate Contributions <del>\$500.00</del>
		Amount of Contribution <del>\$250.00</del>	

Last Name <b>ROUZEAU</b>	First <b>LYDIA</b>	MI	Contribution ID # <b>0510</b>
Residential Street Address <b>122 Cat Rock Rd</b>	City <b>Cos Cob</b>	State <b>CT</b>	Zip Code <b>06807-1302</b>
Principal Occupation <b>REALTOR</b>	Name of Employer <b>SELF</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>12072017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>12/07/2017</b>	Aggregate Contributions <b>\$200.00</b>
		Amount of Contribution <b>\$200.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name ROSSI	First INDRANI	MI	Contribution ID # 0512
Residential Street Address 36 Oak St	City Greenwich	State CT	Zip Code 06831-5223
Principal Occupation ATTORNEY AT LAW	Name of Employer INDRANI ROSSI		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>12072017A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/07/2017
		Aggregate Contributions \$150.00	Amount of Contribution \$150.00

Last Name NIGAM	First LAKSHMI	MI	Contribution ID # 0505
Residential Street Address 228 Argyle Rd	City Cheshire	State CT	Zip Code 06410-2624
Principal Occupation RETIRED	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/08/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name MARTINEZ	First RUBEN	MI	Contribution ID # 0578
Residential Street Address 7624 Tecoma Cir # 9205	City Austin	State TX	Zip Code 78735-1854
Principal Occupation PROGRAM MANAGER	Name of Employer FACEBOOK		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/08/2017
		Aggregate Contributions \$375.00	Amount of Contribution \$375.00

Last Name MARTINEZ	First BRUNA	MI	Contribution ID # 0579
Residential Street Address 7624 Tecoma Cir # 9205	City Austin	State TX	Zip Code 78735-1854
Principal Occupation PRE-IMPLEMENTATION SPECIALIST	Name of Employer HOMEAWAY		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/08/2017
		Aggregate Contributions \$175.00	Amount of Contribution \$175.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>BROOKS</b>	First <b>ANITRA</b>	MI	Contribution ID # <b>0580</b>
Residential Street Address <b>510 E Putnam Ave Unit D4</b>	City <b>Cos Cob</b>	State <b>CT</b>	Zip Code <b>06807-2525</b>
Principal Occupation <b>PERFORMING ARTIST</b>	Name of Employer <b>ANITRA BROOKS</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/08/2017</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>TREPANIER</b>	First <b>Y. ANGELA</b>	MI	Contribution ID # <b>0581</b>
Residential Street Address <b>201 Marin Blvd # 1608</b>	City <b>Jersey City</b>	State <b>NJ</b>	Zip Code <b>07302-6491</b>
Principal Occupation <b>MARKETING</b>	Name of Employer <b>SELF-EMPLOYED</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/08/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>MANS</b>	First <b>ALEXANDER</b>	MI	Contribution ID # <b>0582</b>
Residential Street Address <b>338 Spear St # 5F</b>	City <b>San Francisco</b>	State <b>CA</b>	Zip Code <b>94105-6190</b>
Principal Occupation <b>EXECUTIVE</b>	Name of Employer <b>FLYR INC</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/09/2017</b>	Aggregate Contributions <b>\$200.00</b>
		Amount of Contribution <b>\$200.00</b>	

Last Name <b>SLATON</b>	First <b>SHARON</b>	MI	Contribution ID # <b>0583</b>
Residential Street Address <b>PO Box 252</b>	City <b>Niantic</b>	State <b>CT</b>	Zip Code <b>06357-0252</b>
Principal Occupation <b>EXECUTIVE ASSISTANT</b>	Name of Employer <b>ESTUARY COUNCIL OF SENIORS, INC.</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/09/2017</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name HORNSTEIN	First ABIGAIL	MI	Contribution ID # 0584
Residential Street Address 17 Edmond St	City Darien	State CT	Zip Code 06820-3111
Principal Occupation PROFESSOR	Name of Employer WESLEYAN UNIVERSITY		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/09/2017
		Aggregate Contributions \$250.00	Amount of Contribution \$250.00

Last Name SCHIFF	First ROBERT	MI	Contribution ID # 0585
Residential Street Address 850 Powell St Apt 106	City San Francisco	State CA	Zip Code 94108-2036
Principal Occupation MANAGEMENT CONSULTANT	Name of Employer MCKINSEY & COMPANY		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/09/2017
		Aggregate Contributions \$250.00	Amount of Contribution \$250.00

Last Name NEVINS	First KATHARINE	MI	Contribution ID # 0586
Residential Street Address 3122 22nd St	City San Francisco	State CA	Zip Code 94110-3219
Principal Occupation PRODUCT MANAGER	Name of Employer INTUIT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/09/2017
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

Last Name STEWART	First JUSTINE	MI	Contribution ID # 0587
Residential Street Address 24 Cross Rd	City Darien	State CT	Zip Code 06820-6108
Principal Occupation MOM	Name of Employer NONE		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/10/2017
		Aggregate Contributions \$375.00	Amount of Contribution \$375.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name DEONARINE	First DAVID	MI	Contribution ID # 0588
Residential Street Address 11 Horseshoe Ln	City Somers	State CT	Zip Code 06071-2235
Principal Occupation PAYMENT PROFESSIONAL	Name of Employer PREMIER FINANCIAL SOLUTIONS INC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/10/2017	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name KELLY	First ALICE	MI	Contribution ID # 0589
Residential Street Address 113 Sky Top Dr	City Fairfield	State CT	Zip Code 06825-1216
Principal Occupation CLINICAL SOCIAL WORKER	Name of Employer SELF		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/10/2017	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name PERRY	First DIANE	MI	Contribution ID # 0590
Residential Street Address 6 Perry Pl	City Riverside	State CT	Zip Code 06878-1224
Principal Occupation RETIRED	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/10/2017	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name MCDERMOTT	First MARK	MI	Contribution ID # 0591
Residential Street Address 215 Old Post Rd	City Fairfield	State CT	Zip Code 06824-6234
Principal Occupation TEXTILE SALES	Name of Employer AMERICAN & EFIRD LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/10/2017	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name DONOHUE	First BRIAN	MI	Contribution ID # 0592
Residential Street Address 4009 Adeline St	City Emeryville	State CA	Zip Code 94608-3626
Principal Occupation SOFTWARE ENGINEERING MANAGER	Name of Employer PINTEREST		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/10/2017	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name CAPASSO	First CHRISTIAN	MI	Contribution ID # 0593
Residential Street Address 98 Orchard St Apt 2B	City New York	State NY	Zip Code 10002-3149
Principal Occupation PORTFOLIO MANAGER	Name of Employer SUMMIT ROCK ADVISORS		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/10/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name WEISS	First EVE	MI	Contribution ID # 0594
Residential Street Address 3135 Johnson Ave	City Bronx	State NY	Zip Code 10463-3518
Principal Occupation MUSICIAN	Name of Employer SELF		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/10/2017	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name PARMAR	First AKSHAY	MI	Contribution ID # 0595
Residential Street Address 1560 3rd Street East Msn BAY	City San Francisco	State CA	Zip Code 94158
Principal Occupation STUDENT	Name of Employer STUDENT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/10/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name ROUP	First OLIVER	MI	Contribution ID # 0596
Residential Street Address 2100 Bay St Apt 302	City San Francisco	State CA	Zip Code 94123-1949
Principal Occupation CEO	Name of Employer VIGLINK		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/10/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name OAT-JUDGE	First SIOBHAN	MI	Contribution ID # 0597
Residential Street Address 2353 Lombard St Apt 304	City San Francisco	State CA	Zip Code 94123-2663
Principal Occupation DIPLOMAT	Name of Employer U.S. DEPARTMENT OF STATE		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/10/2017	Aggregate Contributions \$49.99
			Amount of Contribution \$49.99

Last Name NORBY	First VIBHU	MI	Contribution ID # 0598
Residential Street Address 340 Fremont St Apt 515	City San Francisco	State CA	Zip Code 94105-2564
Principal Occupation CEO	Name of Employer B8TA		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/10/2017	Aggregate Contributions \$200.00
			Amount of Contribution \$200.00

Last Name SOBEL	First KENNETH	MI	Contribution ID # 0599
Residential Street Address 740 Newman Dr	City South San Francisco	State CA	Zip Code 94080-2121
Principal Occupation ENGINEER	Name of Employer B8TA		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/10/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name LINSKEY	First JANET	MI	Contribution ID # 0503
Residential Street Address 45 Edgewater Dr	City Old Greenwich	State CT	Zip Code 06870-1942
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>12052017A</u>		Date Received 12/10/2017	Aggregate Contributions \$75.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$75.00	

Last Name LINSKEY	First PATRICK	MI	Contribution ID # 0504
Residential Street Address 45 Edgewater Dr	City Old Greenwich	State CT	Zip Code 06870-1942
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>12052017A</u>		Date Received 12/10/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name ARDUINO	First FLORENCIA	MI	Contribution ID # 0508
Residential Street Address 930 Covington Rd	City Los Altos	State CA	Zip Code 94024-5052
Principal Occupation HOMEKEEPER	Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>12102017A</u>		Date Received 12/10/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name TREPANIER	First DANIEL	MI	Contribution ID # 0513
Residential Street Address 930 Covington Rd	City Los Altos	State CA	Zip Code 94024-5052
Principal Occupation ENGINEER	Name of Employer XAMBALA		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>12102017A</u>		Date Received 12/10/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name PORTER-PRICE	First MARY	MI	Contribution ID # 0600
Residential Street Address 17 Woodchuck Hill Rd P. O. BOX 277	City Canterbury	State CT	Zip Code 06331-1617
Principal Occupation RETIRED	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/11/2017	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name FINMAN	First AMANDA	MI	Contribution ID # 0601
Residential Street Address 40 Daniel Trce	City Burlington	State CT	Zip Code 06013-1533
Principal Occupation RETIRED	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/11/2017	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name RHODES	First MARTHA	MI	Contribution ID # 0602
Residential Street Address 209 Long Ridge Rd	City Danbury	State CT	Zip Code 06810-8412
Principal Occupation WRITER	Name of Employer SELF		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/11/2017	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name DU MONT	First MALIA	MI	Contribution ID # 0603
Residential Street Address 60 Livingston St	City Rhinebeck	State NY	Zip Code 12572-1532
Principal Occupation CHIEF OF STAFF	Name of Employer BARD COLLEGE		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/11/2017	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name HANDLER	First KIM	MI	Contribution ID # 0604
Residential Street Address 24 Lower Cross Rd	City Greenwich	State CT	Zip Code 06831-3002
Principal Occupation DESIGNER	Name of Employer SELF		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/11/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name GORJANC	First ANN	MI	Contribution ID # 0605
Residential Street Address 62 Cottage St	City Unionville	State CT	Zip Code 06085-1108
Principal Occupation PA	Name of Employer CCMC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/11/2017	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name PARK	First PHYLLIS	MI	Contribution ID # 0606
Residential Street Address 2000 Miramar St Apt 617	City Los Angeles	State CA	Zip Code 90057-2336
Principal Occupation EDUCATIONAL CONSULTANT	Name of Employer PHYLLIS PARK		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/12/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name MCCANN	First WILLIAM	MI	Contribution ID # 0607
Residential Street Address 200 Shearwater Ct W Apt 54	City Jersey City	State NJ	Zip Code 07305-5406
Principal Occupation ATTORNEY	Name of Employer CONNELL FOLEY LLP		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/12/2017	Aggregate Contributions \$250.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$250.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name KUMAR	First RAHUL	MI	Contribution ID # 0608
Residential Street Address 10 Anson Rd # 26-04 INTERNATIONAL PLAZA	City Singapore	State MI	Zip Code
Principal Occupation EXECUTIVE	Name of Employer ARCS ADVISORS PVT LTD		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/12/2017	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name EDDY	First BYRON	MI	Contribution ID # 0609
Residential Street Address 32 Sprain Brook Rd	City Woodbury	State CT	Zip Code 06798-1911
Principal Occupation LMT	Name of Employer MIND BODY WORKS		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/12/2017	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name FITTS	First ELIZABETH	MI	Contribution ID # 0610
Residential Street Address 12 Sawmill Ln	City Greenwich	State CT	Zip Code 06830-4028
Principal Occupation MOTHER	Name of Employer NONE		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/12/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name ADLER	First MARJ	MI	Contribution ID # 0611
Residential Street Address 44 Nauyaug Point Rd	City Mystic	State CT	Zip Code 06355-3233
Principal Occupation RETIRED	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/12/2017	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name MUCHHAL	First ARPITA	MI	Contribution ID # 0612
Residential Street Address 369 Middlesex Rd	City Darien	State CT	Zip Code 06820-2518
Principal Occupation ARCHITECT	Name of Employer SELF EMPLOYED		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/12/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name MUCHHAL	First VAIBHAVA	MI	Contribution ID # 0613
Residential Street Address 369 Middlesex Rd	City Darien	State CT	Zip Code 06820-2518
Principal Occupation BUSINESS ARCHITECT	Name of Employer KPMG LLP		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/12/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name LEFKOWITZ	First NANCY	MI	Contribution ID # 0614
Residential Street Address 3115 Redding Rd 3115 Redding Rd	City Fairfield	State CT	Zip Code 06824-1611
Principal Occupation TALENT RELATIONS	Name of Employer TRIBECA ENTERPRISES		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/13/2017
		Aggregate Contributions \$375.00	Amount of Contribution \$375.00

Last Name SACHS	First CHARLES	MI	Contribution ID # 0615
Residential Street Address 235 Stanwich Rd	City Greenwich	State CT	Zip Code 06830-3501
Principal Occupation EDUCATOR	Name of Employer STANWICH SCHOOL		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/13/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name SCHAEFER	First IAN	MI	Contribution ID # 0616
Residential Street Address 124 W 60th St Apt 35F	City New York	State NY	Zip Code 10023-7469
Principal Occupation ATTORNEY	Name of Employer EPSTEIN BECKER		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 12/13/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name CAPODICE	First JILLIAN	MI	Contribution ID # 0617
Residential Street Address 327 W 18th St # 3F	City New York	State NY	Zip Code 10011-4413
Principal Occupation SCIENTIST	Name of Employer MOUNT SINAI HEALTH SYSTEM		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 12/13/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name METZL	First JAMIE	MI	Contribution ID # 0618
Residential Street Address 176 E 81st St Apt 4B	City New York	State NY	Zip Code 10028-1889
Principal Occupation SELF	Name of Employer WRITER		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 12/13/2017	Aggregate Contributions \$375.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$375.00	

Last Name HEBERT	First KATHLEEN	MI	Contribution ID # 0619
Residential Street Address 327 W 18th St # 3-F	City New York	State NY	Zip Code 10011-4413
Principal Occupation ART DEALER	Name of Employer SELF EMPLOYED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 12/13/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name SOO HOO	First LILIAN	MI	Contribution ID # 0620
Residential Street Address 3181 46th St	City Astoria	State NY	Zip Code 11103-1642
Principal Occupation BANKER	Name of Employer SVENSKA HANDELSBANKEN		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/13/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name RAFAILZADEH	First SANAZ	MI	Contribution ID # 0506
Residential Street Address 1724 2nd Ave # 5C	City New York	State NY	Zip Code 10128
Principal Occupation MANAGER, ADMINISTRATION	Name of Employer VANTAGE AIRPORT GROUP		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/13/2017	Aggregate Contributions \$100.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name BARAT	First JEFFREY	MI	Contribution ID # 0516
Residential Street Address 25 Wallacks Dr	City Stamford	State CT	Zip Code 06902-7114
Principal Occupation ENGINEERING	Name of Employer D+B ENGINEERING		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>12142017A</u>		Date Received 12/13/2017	Aggregate Contributions \$375.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$375.00	

Last Name RANJAN	First MANISH	MI	Contribution ID # 0524
Residential Street Address 4640 Fallstone Ct	City San Jose	State CA	Zip Code 95124-3462
Principal Occupation SR BANKER	Name of Employer BARCLAYS INVESTMENT BANK		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/14/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>BHARGAVA</b>	First <b>REENA</b>	MI	Contribution ID # <b>0621</b>
Residential Street Address <b>528 Churchill Ave</b>	City <b>Palo Alto</b>	State <b>CA</b>	Zip Code <b>94301-3605</b>
Principal Occupation <b>PHYSICIAN</b>	Name of Employer <b>TPMG</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/14/2017</b>	Aggregate Contributions <b>\$250.00</b>
		Amount of Contribution <b>\$250.00</b>	

Last Name <b>CASSOOBHOY</b>	First <b>AREFA</b>	MI	Contribution ID # <b>0622</b>
Residential Street Address <b>2109 Oakawana Dr NE</b>	City <b>Atlanta</b>	State <b>GA</b>	Zip Code <b>30345-3548</b>
Principal Occupation <b>PHYSICIAN</b>	Name of Employer <b>WEBMD</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/14/2017</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>SCUDDER</b>	First <b>LAURIE</b>	MI	Contribution ID # <b>0623</b>
Residential Street Address <b>9556 Wandering Way</b>	City <b>Columbia</b>	State <b>MD</b>	Zip Code <b>21045-3244</b>
Principal Occupation <b>EDITOR</b>	Name of Employer <b>WEBMD</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/14/2017</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>MARTINEZ</b>	First <b>BRUNA</b>	MI	Contribution ID # <b>0624</b>
Residential Street Address <b>7624 Tecoma Cir # 9205</b>	City <b>Austin</b>	State <b>TX</b>	Zip Code <b>78735-1854</b>
Principal Occupation <b>PRE-IMPLEMENTATION SPECIALIST</b>	Name of Employer <b>HOMEAWAY</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/14/2017</b>	Aggregate Contributions <b>\$275.00</b>
		Amount of Contribution <b>\$100.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>HICKS</b>	First <b>DARCY</b>	MI	Contribution ID # <b>0625</b>
Residential Street Address <b>1 Harding Ln</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880-5105</b>
Principal Occupation <b>TEACHER</b>	Name of Employer <b>SELF</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/15/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>DAY</b>	First <b>KRISTEN</b>	MI	Contribution ID # <b>0626</b>
Residential Street Address <b>28 Dunham St</b>	City <b>Norwich</b>	State <b>CT</b>	Zip Code <b>06360-6806</b>
Principal Occupation <b>ENV. ANALYST</b>	Name of Employer <b>STATE OF CT</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/15/2017</b>	Aggregate Contributions <b>\$20.00</b>
		Amount of Contribution <b>\$20.00</b>	

Last Name <b>DINSFRIEND</b>	First <b>KAREN</b>	MI	Contribution ID # <b>0627</b>
Residential Street Address <b>42 Roseleah Dr</b>	City <b>Waterford</b>	State <b>CT</b>	Zip Code <b>06385-4310</b>
Principal Occupation <b>RETIRED</b>	Name of Employer <b>RETIRED</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/16/2017</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

Last Name <b>HAMADA</b>	First <b>MOHAMED</b>	MI	Contribution ID # <b>0628</b>
Residential Street Address <b>2688 Broadbridge Ave</b>	City <b>Stratford</b>	State <b>CT</b>	Zip Code <b>06614-2955</b>
Principal Occupation <b>BUSINESS ANALYST</b>	Name of Employer <b>UBS</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/16/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$50.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>CHOUDHURY</b>	First <b>SHAHAN</b>	MI	Contribution ID # <b>0629</b>
Residential Street Address <b>16 Tory Ln</b>	City <b>Shelton</b>	State <b>CT</b>	Zip Code <b>06484-5719</b>
Principal Occupation <b>ANALYST</b>	Name of Employer <b>UBS</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>12/16/2017</b>	Aggregate Contributions <b>\$100.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$50.00-</b>	

Last Name <b>KHAN</b>	First <b>JUNED</b>	MI	Contribution ID # <b>0630</b>
Residential Street Address <b>985 Fairfield Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605-1191</b>
Principal Occupation <b>SELF-EMPLOYED</b>	Name of Employer <b>SELF-EMPLOYED</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>12/16/2017</b>	Aggregate Contributions <b>\$200.00-</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00-</b>	

Last Name <b>RAHMAN</b>	First <b>MOHAMED</b>	MI	Contribution ID # <b>0631</b>
Residential Street Address <b>88 Judd St</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824-3512</b>
Principal Occupation <b>RETIRED</b>	Name of Employer <b>RETIRED</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>12/16/2017</b>	Aggregate Contributions <b>\$100.00</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00</b>	

Last Name <b>SINHA</b>	First <b>PRADEEP</b>	MI	Contribution ID # <b>0632</b>
Residential Street Address <b>1075 Garmon Dr NW</b>	City <b>Atlanta</b>	State <b>GA</b>	Zip Code <b>30327-3846</b>
Principal Occupation <b>PHYSICIAN</b>	Name of Employer <b>SELF</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>12/16/2017</b>	Aggregate Contributions <b>\$100.00</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>MATZNER</b>	First <b>ALEX</b>	MI	Contribution ID # <b>0633</b>
Residential Street Address <b>336 Castro St Apt 4</b>	City <b>San Francisco</b>	State <b>CA</b>	Zip Code <b>94114-1530</b>
Principal Occupation <b>DESIGNER</b>	Name of Employer <b>ALEX MATZNER</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/16/2017</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>HAMADA</b>	First <b>MOHAMED</b>	MI	Contribution ID # <b>0628</b>
Residential Street Address <b>2688 Broadbridge Ave</b>	City <b>Stratford</b>	State <b>CT</b>	Zip Code <b>06614-2955</b>
Principal Occupation <b>BUSINESS ANALYST</b>	Name of Employer <b>UBS</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>12162017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/16/2017</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>CHOUDHURY</b>	First <b>SHAHAN</b>	MI	Contribution ID # <b>0629</b>
Residential Street Address <b>16 Tory Ln</b>	City <b>Shelton</b>	State <b>CT</b>	Zip Code <b>06484-5719</b>
Principal Occupation <b>ANALYST</b>	Name of Employer <b>UBS</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>12162017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/16/2017</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>KHAN</b>	First <b>JUNED</b>	MI	Contribution ID # <b>0630</b>
Residential Street Address <b>985 Fairfield Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605-1191</b>
Principal Occupation <b>SELF EMPLOYED</b>	Name of Employer <b>SELF EMPLOYED</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>12162017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/16/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>GOGINENI</b>	First <b>MADANAMOHANA</b>	MI	Contribution ID # <b>0634</b>
Residential Street Address <b>1 Hampshire Ln</b>	City <b>Simsbury</b>	State <b>CT</b>	Zip Code <b>06070-1223</b>
Principal Occupation <b>ENGINEER</b>	Name of Employer <b>RETIRED</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/17/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>GARRISON</b>	First <b>JANET</b>	MI	Contribution ID # <b>0635</b>
Residential Street Address <b>11792 Moorpark St Unit D</b>	City <b>Studio City</b>	State <b>CA</b>	Zip Code <b>91604-2126</b>
Principal Occupation <b>RETIRED</b>	Name of Employer <b>RETIRED</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/17/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>ALLEN</b>	First <b>LAURENCE</b>	MI	Contribution ID # <b>0636</b>
Residential Street Address <b>43 Maple Ave</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06830-5645</b>
Principal Occupation <b>SECONDARY PRIVATE EQUITY</b>	Name of Employer <b>NYPPEX HOLDINGS</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/17/2017</b>	Aggregate Contributions <b>\$375.00</b>
		Amount of Contribution <b>\$375.00</b>	

Last Name <b>LASCALA</b>	First <b>RUSSELL</b>	MI	Contribution ID # <b>0637</b>
Residential Street Address <b>71 Hamilton Terrace Flt # 1</b>	City <b>London</b>	State <b>UK</b>	Zip Code
Principal Occupation <b>FX</b>	Name of Employer <b>DEUTSCHE BANK</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/17/2017</b>	Aggregate Contributions <b>\$375.00</b>
		Amount of Contribution <b>\$375.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name PATTERSON	First LYNN	MI	Contribution ID # 0638
Residential Street Address 2376 Sagamore Hills Dr	City Decatur	State GA	Zip Code 30033-1217
Principal Occupation CONSULTANT	Name of Employer THREE POINTS PLANNING, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/18/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name PINKERT	First PHILIP	MI	Contribution ID # 0639
Residential Street Address 168 Valley Rd	City Cos Cob	State CT	Zip Code 06807-2231
Principal Occupation RETIRED	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/18/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name PINKERT	First DARA	MI	Contribution ID # 0640
Residential Street Address 168 Valley Rd	City Cos Cob	State CT	Zip Code 06807-2231
Principal Occupation NURSE	Name of Employer TOWN OF GREENWICH		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/18/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name LEVINE	First LEON	MI	Contribution ID # 0641
Residential Street Address 175 Lake Ave	City Greenwich	State CT	Zip Code 06830-4509
Principal Occupation ENVIRONMENTAL ENGINEERING CONSULTANT	Name of Employer ECOTHINK GROUP, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/18/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>ALAM</b>	First <b>SHAFI</b>	MI	Contribution ID # <b>0514</b>
Residential Street Address <b>352 Hackmatack St</b>	City <b>Manchester</b>	State <b>CT</b>	Zip Code <b>06040-6560</b>
Principal Occupation <b>BUSINESS</b>	Name of Employer <b>SELF EMPLOYED</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>12162017A</b>		Date Received <b>12/18/2017</b>	Aggregate Contributions <b>\$100.00</b>
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00</b>	

Last Name <b>MANSOUR</b>	First <b>GOUDA</b>	MI	Contribution ID # <b>0515</b>
Residential Street Address <b>109 Chapman Ave</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825-4203</b>
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>12162017A</b>		Date Received <b>12/18/2017</b>	Aggregate Contributions <b>\$40.00-</b>
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$20.00-</b>	

Last Name <b>EBRAHIM</b>	First <b>AHMED</b>	MI	Contribution ID # <b>0517</b>
Residential Street Address <b>18 Old Stratfield Rd .</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>PROFESSOR</b>	Name of Employer <b>FAIRFIELD UNIVERSITY</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>12162017A</b>		Date Received <b>12/18/2017</b>	Aggregate Contributions <b>\$100.00</b>
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00</b>	

Last Name <b>MANSOUR</b>	First <b>GOUDA</b>	MI	Contribution ID # <b>0515</b>
Residential Street Address <b>109 Chapman Ave</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825-4203</b>
Principal Occupation <b>UNEMPLOYED</b>	Name of Employer <b>UNEMPLOYED</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>12162017A</b>		Date Received <b>12/18/2017</b>	Aggregate Contributions <b>\$40.00</b>
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$20.00</b>	



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>EBRAHIM</b>	First <b>AHMED</b>	MI	Contribution ID # <b>0517</b>
Residential Street Address <b>18 Old Stratfield Rd.</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>PROFESSOR</b>	Name of Employer <b>FAIRFIELD UNIVERSITY</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>12/18/2017</b>
		Aggregate Contributions <b>\$200.00-</b>	Amount of Contribution <b>\$100.00-</b>

Last Name <b>ALAM</b>	First <b>SHAFI</b>	MI	Contribution ID # <b>0514</b>
Residential Street Address <b>352 Hackmatack St</b>	City <b>Manchester</b>	State <b>CT</b>	Zip Code <b>06040-6560</b>
Principal Occupation <b>BUSINESS</b>	Name of Employer <b>SELF-EMPLOYED</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>12/18/2017</b>
		Aggregate Contributions <b>\$200.00-</b>	Amount of Contribution <b>\$100.00-</b>

Last Name <b>MANSOUR</b>	First <b>GOUDA</b>	MI	Contribution ID # <b>0515</b>
Residential Street Address <b>109 Chapman Ave</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825-4203</b>
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>12/18/2017</b>
		Aggregate Contributions <b>\$60.00-</b>	Amount of Contribution <b>\$20.00-</b>

Last Name <b>MARCHAND</b>	First <b>DONAT</b>	MI	Contribution ID # <b>0529</b>
Residential Street Address <b>87 Birch Ln</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06830-3912</b>
Principal Occupation <b>ATTORNEY</b>	Name of Employer <b>IVEY BARNUM &amp; O'MARA, LLC</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>12/19/2017</b>
		Aggregate Contributions <b>\$200.00</b>	Amount of Contribution <b>\$100.00</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name EHRlich	First FRANCINE	MI	Contribution ID # 0642
Residential Street Address 636 Riversville Rd	City Greenwich	State CT	Zip Code 06831-2650
Principal Occupation REALTOR	Name of Employer SOTHEY'S INTERNATIONAL REALTY		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/19/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name TENLEY	First TALIN	MI	Contribution ID # 0643
Residential Street Address 11229 Laurie Dr	City Studio City	State CA	Zip Code 91604-3878
Principal Occupation ATTORNEY	Name of Employer SELF - VARIOUS ENTITIES		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/19/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name OTTEN	First STEPHANIE	MI	Contribution ID # 0644
Residential Street Address 225 Glenville Rd	City Greenwich	State CT	Zip Code 06831-4432
Principal Occupation STAY AT HOME MOM	Name of Employer NONE		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/19/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name KIM	First CHRISTINE	MI	Contribution ID # 0645
Residential Street Address 49 Frontier Rd	City Cos Cob	State CT	Zip Code 06807-1209
Principal Occupation RETIRED	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/20/2017	Aggregate Contributions \$75.00
		Amount of Contribution \$25.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name HASLUN	First WILLIAM	MI	Contribution ID # 0646
Residential Street Address 18 Cottontail Rd	City Cos Cob	State CT	Zip Code 06807-1104
Principal Occupation ATTORNEY	Name of Employer SELF-EMPLOYED		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/20/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name KRASNOR	First LUCY	MI	Contribution ID # 0647
Residential Street Address 21 Spruce St	City Riverside	State CT	Zip Code 06878-2116
Principal Occupation MORTGAGE BROKER	Name of Employer STRATEGY MORTGAGE CORP		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/20/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name HALEY	First SHAWN	MI	Contribution ID # 0648
Residential Street Address 48 Old Sawmill Rd	City Trumbull	State CT	Zip Code 06611-3355
Principal Occupation PROGRAMMER	Name of Employer JAYSTAR		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/20/2017	Aggregate Contributions \$125.00
		Amount of Contribution \$25.00	

Last Name RUSSELL	First SALLY	MI	Contribution ID # 0649
Residential Street Address 98 Stamford Ave	City Stamford	State CT	Zip Code 06902-8016
Principal Occupation RETIRED	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/20/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name VICKERS	First CONSTANCE	MI	Contribution ID # 0650
Residential Street Address 35 Hanford Ave	City Bridgeport	State CT	Zip Code 06605-3330
Principal Occupation DEVELOPMENT	Name of Employer BOYS & GIRLS CLUB OF STAMFORD		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/20/2017	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name WIESE	First RICHARD	MI	Contribution ID # 0651
Residential Street Address 59 Ridge Rd	City Weston	State CT	Zip Code 06883-2107
Principal Occupation EXPLORER	Name of Employer EXPLORER FILMS		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/20/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name ZATZ	First STEVE	MI	Contribution ID # 0652
Residential Street Address 8 Town Crier Ln	City Westport	State CT	Zip Code 06880-1533
Principal Occupation EXECUTIVE	Name of Employer WEBMD		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/20/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name TELLERINE	First ISABEL	MI	Contribution ID # 0653
Residential Street Address 86 Chevas Rd	City Avon	State CT	Zip Code 06001-3203
Principal Occupation INSURANCE CLAIM EXAMINER	Name of Employer CHUBB LIMITED		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/20/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name ELDER	First DAVID	MI	Contribution ID # 0654
Residential Street Address 8 Maiden Ln	City Farmington	State CT	Zip Code 06032-2213
Principal Occupation CITY PLANNER	Name of Employer UNDISCLOSED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/20/2017	Aggregate Contributions \$5.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name ABRAHAM	First THOMAS	MI	Contribution ID # 0655
Residential Street Address 100 Briar Brae Rd	City Stamford	State CT	Zip Code 06903-1722
Principal Occupation PRESIDENT	Name of Employer INNOVATIVE RESEARCH AND PRODUCTS, INC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/20/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name SCARINCI	First DONALD	MI	Contribution ID # 0518
Residential Street Address 164 Schuyler Rd .	City Allendale	State NJ	Zip Code 07401
Principal Occupation LAWYER	Name of Employer SCARINCI HOLLENBECK		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>12072017B</u>		Date Received 12/20/2017	Aggregate Contributions \$275.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$275.00	

Last Name SHANBHOGUE	First CHITRA	MI	Contribution ID # 0656
Residential Street Address 52 Hendrie Ave	City Riverside	State CT	Zip Code 06878-1830
Principal Occupation NON PROFIT DIRECTOR	Name of Employer DOMESTIC VIOLENCE CRISIS CENTER		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/21/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name CROWDER	First RUPICA	MI	Contribution ID # 0657
Residential Street Address 506 Athens St	City Altadena	State CA	Zip Code 91001-1604
Principal Occupation HOMEMAKER	Name of Employer MS.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/22/2017
		Aggregate Contributions \$50.00	Amount of Contribution \$25.00

Last Name REDMAN	First JIM	MI	Contribution ID # 0658
Residential Street Address 47 Pool Rd	City North Haven	State CT	Zip Code 06473-2711
Principal Occupation GRAVEDIGGER	Name of Employer EAST LAWN ASSOC.INC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/22/2017
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

Last Name STERLING	First THERESA	MI	Contribution ID # 0659
Residential Street Address 2452 Moreno Dr	City Los Angeles	State CA	Zip Code 90039-2640
Principal Occupation TEACHER	Name of Employer VALLEY TORAH HIGH SCHOOL		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/22/2017
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

Last Name BANERJEE	First NANA	MI	Contribution ID # 0521
Residential Street Address 14 Captain Theale Rd	City Bedford	State NY	Zip Code 10506-1428
Principal Occupation EXECUTIVE	Name of Employer VERISK ANALYTICS		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 12/22/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>BANERJEE</b>	First <b>SMITA</b>	MI	Contribution ID # <b>0522</b>
Residential Street Address <b>14 Captain Theale Rd</b>	City <b>Bedford</b>	State <b>NY</b>	Zip Code <b>10506-1428</b>
Principal Occupation <b>SCIENTIST</b>	Name of Employer <b>SLOAN KETTERING CANCER CENTER</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>12/22/2017</b>
		Aggregate Contributions <b>\$100.00</b>	Amount of Contribution <b>\$100.00</b>

Last Name <b>JHA</b>	First <b>ROHINI</b>	MI	Contribution ID # <b>0523</b>
Residential Street Address <b>3916 Remington Way</b>	City <b>Marietta</b>	State <b>GA</b>	Zip Code <b>30066-2073</b>
Principal Occupation <b>PROGRAM AND SYSTEMS ANALYST</b>	Name of Employer <b>IBM CORPORATION</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>12/22/2017</b>
		Aggregate Contributions <b>\$100.00</b>	Amount of Contribution <b>\$100.00</b>

Last Name <b>DANNA</b>	First <b>ARYUN</b>	MI	Contribution ID # <b>0530</b>
Residential Street Address <b>1121 Cortez Dr</b>	City <b>Glendale</b>	State <b>CA</b>	Zip Code <b>91207-1807</b>
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>12/22/2017</b>
		Aggregate Contributions <b>\$30.00</b>	Amount of Contribution <b>\$30.00</b>

Last Name <b>YADAV</b>	First <b>DAVIK</b>	MI	Contribution ID # <b>0531</b>
Residential Street Address <b>2365 Sagamore Hills Dr</b>	City <b>Decatur</b>	State <b>GA</b>	Zip Code <b>30033-1216</b>
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>12/22/2017</b>
		Aggregate Contributions <b>\$30.00</b>	Amount of Contribution <b>\$30.00</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name YADAV	First ELLORA	MI	Contribution ID # 0532
Residential Street Address 2365 Sagamore Hills Dr	City Decatur	State GA	Zip Code 30033-1216
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/22/2017	Aggregate Contributions \$30.00

Last Name YBARRA	First JULIE	MI	Contribution ID # 0528
Residential Street Address 107 Bowman Dr	City Greenwich	State CT	Zip Code 06831-3239
Principal Occupation FINANCE	Name of Employer ETM MANAGEMENT LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>11122017A</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/22/2017	Aggregate Contributions \$100.00

Last Name BHARGAVA	First SUBHAS	MI	Contribution ID # 0660
Residential Street Address 304 Rywalk Cir	City Ottawa	State ON	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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/23/2017	Aggregate Contributions \$200.00

Last Name SAMY	First ANANTHA	MI	Contribution ID # 0661
Residential Street Address 65 Rowayton Woods Dr Apt 65	City Norwalk	State CT	Zip Code 06854-3907
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/23/2017	Aggregate Contributions \$375.00



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

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

TYPE OF REPORT

Dita for CT

January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>SAMY</b>		First <b>MANGALA</b>		MI	Contribution ID # <b>0662</b>
Residential Street Address <b>65 Rowayton Woods Dr Apt 65</b>		City <b>Norwalk</b>		State <b>CT</b>	Zip Code <b>06854-3907</b>
Principal Occupation <b>RETIRED</b>		Name of Employer <b>RETIRED</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>12/23/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>
Last Name <b>BODAS</b>		First <b>UMA</b>		MI	Contribution ID # <b>0663</b>
Residential Street Address <b>11 Greenbriar Ln</b>		City <b>Greenwich</b>		State <b>CT</b>	Zip Code <b>06831-3319</b>
Principal Occupation <b>HOMEMAKER</b>		Name of Employer <b>N/A</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>12/24/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>
Last Name <b>DESIMONE</b>		First <b>RACHEL</b>		MI	Contribution ID # <b>0664</b>
Residential Street Address <b>867 Ashburn Way</b>		City <b>Swedesboro</b>		State <b>NJ</b>	Zip Code <b>08085-4015</b>
Principal Occupation <b>STUDENT</b>		Name of Employer <b>STUDENT</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>12/24/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>
Last Name <b>FIRESTONE</b>		First <b>MICHAEL</b>		MI	Contribution ID # <b>0665</b>
Residential Street Address <b>36 Cambridge Xing</b>		City <b>Avon</b>		State <b>CT</b>	Zip Code <b>06001-4104</b>
Principal Occupation <b>RADIOLOGIST</b>		Name of Employer <b>RADIOLOGY ASSOCIATES OF HARTFORD</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>12/25/2017</b>	Aggregate Contributions <b>\$300.00</b>	<b>\$50.00</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>FIRESTONE</b>	First <b>CARRIE</b>	MI	Contribution ID # <b>0666</b>
Residential Street Address <b>36 Cambridge Xing</b>	City <b>Avon</b>	State <b>CT</b>	Zip Code <b>06001-4104</b>
Principal Occupation <b>WRITER</b>	Name of Employer <b>SELF-EMPLOYED</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/25/2017</b>
		Aggregate Contributions <b>\$300.00</b>	Amount of Contribution <b>\$50.00</b>

Last Name <b>FIRESTONE</b>	First <b>EMILY</b>	MI	Contribution ID # <b>0667</b>
Residential Street Address <b>36 Cambridge Xing</b>	City <b>Avon</b>	State <b>CT</b>	Zip Code <b>06001-4104</b>
Principal Occupation <b>STUDENT</b>	Name of Employer <b>STUDENT</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/25/2017</b>
		Aggregate Contributions <b>\$25.00</b>	Amount of Contribution <b>\$25.00</b>

Last Name <b>TUNGATURTHI</b>	First <b>SREENIVAS</b>	MI	Contribution ID # <b>0668</b>
Residential Street Address <b>51 Hope St Apt 17B</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06906-2618</b>
Principal Occupation <b>SOFTWARE ENGINEER</b>	Name of Employer <b>TORANA INC</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/26/2017</b>
		Aggregate Contributions <b>\$100.00</b>	Amount of Contribution <b>\$100.00</b>

Last Name <b>LUBARSKY</b>	First <b>NEIL</b>	MI	Contribution ID # <b>0669</b>
Residential Street Address <b>7 Stallion Trl</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06831-3040</b>
Principal Occupation <b>ATTORNEY</b>	Name of Employer <b>SELF</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/27/2017</b>
		Aggregate Contributions <b>\$100.00</b>	Amount of Contribution <b>\$100.00</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name OHL	First STEPHANIE	MI	Contribution ID # 0670
Residential Street Address 7 Stallion Trl	City Greenwich	State CT	Zip Code 06831-3040
Principal Occupation CPA	Name of Employer GLENROCK CAPITAL		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/27/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name TRACY	First WILLIAM	MI	Contribution ID # 0671
Residential Street Address 5314 Fairway Dr	City Madison	State WI	Zip Code 53711-1039
Principal Occupation PROFESSOR	Name of Employer UNIVERSITY OF WISCONSIN-MADISON		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/27/2017	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name TRACY	First ROBERTA	MI	Contribution ID # 0672
Residential Street Address 5314 Fairway Dr	City Madison	State WI	Zip Code 53711-1039
Principal Occupation RETIRED	Name of Employer SELF		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/27/2017	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name TURK	First JONATHAN	MI	Contribution ID # 0673
Residential Street Address 52 Brittany Ave	City Trumbull	State CT	Zip Code 06611-1105
Principal Occupation INSURANCE SALES	Name of Employer WILLIAM PITT		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/27/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name MOLLOY	First STEPHEN	MI	Contribution ID # 0674
Residential Street Address 15 Fairway E	City Colts Neck	State NJ	Zip Code 07722-1418
Principal Occupation UNEMPLOYED	Name of Employer UNEMPLOYED		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/27/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name FLAHERTY	First SCOTT	MI	Contribution ID # 0675
Residential Street Address 265 Chestnut Tree Hill Rd	City Oxford	State CT	Zip Code 06478-1447
Principal Occupation BAR MANAGER	Name of Employer JULIO'S WOODFIRED PIZZA & GRILL		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/27/2017	Aggregate Contributions \$20.00
			Amount of Contribution \$20.00

Last Name LEIGHTON	First LAWRENCE W.	MI	Contribution ID # 0676
Residential Street Address 1088 Park Ave	City New York	State NY	Zip Code 10128-1132
Principal Occupation INVESTMENT BANKER	Name of Employer BENTLEY ASSOCIATES		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/27/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name BERNSTEIN	First TRACEY	MI	Contribution ID # 0677
Residential Street Address 1925 Route 9	City Garrison	State NY	Zip Code 10524-3707
Principal Occupation LAWYER	Name of Employer HIMMEL AND BERNSTEIN LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/27/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name BERISA	First SARANDA	MI	Contribution ID # 0678
Residential Street Address 134 Main St	City New Canaan	State CT	Zip Code 06840-5512
Principal Occupation DESIGNER	Name of Employer SELF EMPLOYED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/27/2017	Aggregate Contributions \$150.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$150.00	

Last Name NASLAUSKY	First FLAVIA	MI	Contribution ID # 0679
Residential Street Address 30 Summit Rd	City Riverside	State CT	Zip Code 06878-2107
Principal Occupation MEMBER	Name of Employer SUMMIT 7 HOLDINGS LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/27/2017	Aggregate Contributions \$350.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name MORRIS	First GILLIAN	MI	Contribution ID # 0680
Residential Street Address 98 Riverside Ave	City Riverside	State CT	Zip Code 06878-1619
Principal Occupation CEO	Name of Employer HITLIST		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/27/2017	Aggregate Contributions \$375.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$375.00	

Last Name BARETZ	First ANNE	MI	Contribution ID # 0681
Residential Street Address 53 Riker Ave	City Harrington Park	State NJ	Zip Code 07640-1318
Principal Occupation ATTORNEY	Name of Employer CRESTRON		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/27/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

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

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

TYPE OF REPORT

Dita for CT

January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name DELMONACO-KEMP		First CINTA		MI	Contribution ID # 0682
Residential Street Address 286 Sarles St		City Mount Kisco		State NY	Zip Code 10549-4734
Principal Occupation SELF EMPLOYED			Name of Employer SELF EMPLOYED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event #			Date Received 12/27/2017		
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Aggregate Contributions \$250.00		\$250.00	
Last Name HESS		First JULIANA		MI	Contribution ID # 0683
Residential Street Address 60 Edgewater Commons Ln		City Westport		State CT	Zip Code 06880-6147
Principal Occupation CONSULTANT			Name of Employer SELF		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event #			Date Received 12/27/2017		
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Aggregate Contributions \$375.00		\$275.00	
Last Name RITCH		First GLENN		MI	Contribution ID # 0533
Residential Street Address 57 Hale Ln		City Darien		State CT	Zip Code 06820-4436
Principal Occupation COMMERCIAL PROPERTY MANAGER			Name of Employer ALBERT B. ASHFORTH, INC.		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event #			Date Received 12/27/2017		
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Aggregate Contributions \$100.00		\$100.00	
Last Name ARONSON		First AMANDA		MI	Contribution ID # 0684
Residential Street Address 4 Berwyn Ln		City West Hartford		State CT	Zip Code 06107-1103
Principal Occupation DIRECTOR			Name of Employer BRIDGE FAMILY CENTER		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event #			Date Received 12/28/2017		
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Aggregate Contributions \$200.00		\$200.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>BROLIN</b>	First <b>MARINA</b>	MI	Contribution ID # <b>0685</b>
Residential Street Address <b>455 W 23rd St</b>	City <b>New York</b>	State <b>NY</b>	Zip Code <b>10011-2148</b>
Principal Occupation <b>GRAPHIC DESIGN</b>	Name of Employer <b>MARINA BROLIN DESIGN</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/28/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>BARETZ</b>	First <b>WILLIAM</b>	MI	Contribution ID # <b>0686</b>
Residential Street Address <b>53 Riker Ave</b>	City <b>Harrington Park</b>	State <b>NJ</b>	Zip Code <b>07640-1318</b>
Principal Occupation <b>SALES</b>	Name of Employer <b>UNITED STATES INFORMATION SYSTEMS, INC.</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/28/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>BOGDANSKI</b>	First <b>MIKE</b>	MI	Contribution ID # <b>0687</b>
Residential Street Address <b>32 Bouton St</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06907</b>
Principal Occupation <b>ALARM INSTALLATION</b>	Name of Employer <b>NEW CANAAN ALARM</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/28/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>GORE</b>	First <b>DON</b>	MI	Contribution ID # <b>0688</b>
Residential Street Address <b>487 E Main St Ste 326</b>	City <b>Mount Kisco</b>	State <b>NY</b>	Zip Code <b>10549-3420</b>
Principal Occupation <b>ALARM INSTALLATION</b>	Name of Employer <b>NEW CANAAN ALARM</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/28/2017</b>	Aggregate Contributions <b>\$250.00</b>
		Amount of Contribution <b>\$250.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name MINOR	First CRAIG	MI	Contribution ID # 0689
Residential Street Address 88 Anderson Ave	City Bristol	State CT	Zip Code 06010-6739
Principal Occupation CITY PLANNER	Name of Employer TOWN OF NEWINGTON		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/28/2017	Aggregate Contributions \$75.00
		Amount of Contribution \$25.00	

Last Name COHAN	First JEFF	MI	Contribution ID # 0690
Residential Street Address 2 Gum Tree Rd	City Lafayette Hill	State PA	Zip Code 19444-2432
Principal Occupation CAR SALESMAN	Name of Employer MILLENIUM LEASING		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/28/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name CABRAL	First ALBERT	MI	Contribution ID # 0691
Residential Street Address 3 Bartlett Mnr	City Norwalk	State CT	Zip Code 06850-1901
Principal Occupation DISASTER RESTORATION	Name of Employer HIGHTOWER GROUP		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/28/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name PONZO	First VINCENT	MI	Contribution ID # 0692
Residential Street Address 420 W42ND St Apt 10B	City New York	State NY	Zip Code 10036
Principal Occupation EDUCATION	Name of Employer COLUMBIA BUSINESS SCHOOL		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/28/2017	Aggregate Contributions \$51.22
		Amount of Contribution \$21.11	



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name EGAN	First JIM	MI	Contribution ID # 0693
Residential Street Address 82 Truman St	City Norwalk	State CT	Zip Code 06850-3553
Principal Occupation LOCKSMITH	Name of Employer EGAN AND SONS LOCKSMITH SERVICE		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/28/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name ELANGO	First ANITA	MI	Contribution ID # 0694
Residential Street Address 108 Lisa Dr	City South Windsor	State CT	Zip Code 06074-1836
Principal Occupation HOMEMAKER	Name of Employer HOMEMAKER		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/28/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name CHOWDHURY	First SAYEED	MI	Contribution ID # 0695
Residential Street Address 88 Judd St	City Fairfield	State CT	Zip Code 06824-3512
Principal Occupation DATA ARCHITECT	Name of Employer GE		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/28/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name CASTRO	First ISAAC	MI	Contribution ID # 0696
Residential Street Address 1 Random Rd	City Norwalk	State CT	Zip Code 06851-2808
Principal Occupation ELECTRICIAN	Name of Employer ISAAC CASTRO ELECTRICIAN		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/28/2017	Aggregate Contributions \$20.00
			Amount of Contribution \$20.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>BURKE</b>	First <b>ANDREW</b>	MI	Contribution ID # <b>0697</b>
Residential Street Address <b>45 Glenville Rd</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06831-5331</b>
Principal Occupation <b>CATERER</b>	Name of Employer <b>SELF EMPLOYED</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/28/2017</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

Last Name <b>ISLAM</b>	First <b>SYED SHAHAZ</b>	MI	Contribution ID # <b>0698</b>
Residential Street Address <b>14 Fans Rock Rd</b>	City <b>Hamden</b>	State <b>CT</b>	Zip Code <b>06518-2058</b>
Principal Occupation <b>IT MANAGER</b>	Name of Employer <b>THE HARTFORD</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/28/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>SHANER</b>	First <b>KATE</b>	MI	Contribution ID # <b>0699</b>
Residential Street Address <b>3 Putnam Grn Apt C</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06830-6024</b>
Principal Occupation <b>MUSIC TEACHER</b>	Name of Employer <b>GREENWICH SUZUKI ACADEMY</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/28/2017</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>FISHMAN</b>	First <b>LAURA</b>	MI	Contribution ID # <b>0700</b>
Residential Street Address <b>2 Larch Tree Ln</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880-1120</b>
Principal Occupation <b>FAMILY THERAPIST</b>	Name of Employer <b>MS.</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/28/2017</b>	Aggregate Contributions <b>\$625.00</b>
		Amount of Contribution <b>\$250.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>BHARGAVA</b>	First <b>BENU</b>	MI	Contribution ID # <b>0701</b>
Residential Street Address <b>6 Devenshire Ct</b>	City <b>Sterling</b>	State <b>VA</b>	Zip Code <b>20165-5663</b>
Principal Occupation <b>IT</b>	Name of Employer <b>NEUSTAR</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/28/2017</b>
		Aggregate Contributions <b>\$375.00</b>	Amount of Contribution <b>\$375.00</b>

Last Name <b>BHARGAVA</b>	First <b>OLGA</b>	MI	Contribution ID # <b>0702</b>
Residential Street Address <b>6 Devenshire Ct</b>	City <b>Sterling</b>	State <b>VA</b>	Zip Code <b>20165-5663</b>
Principal Occupation <b>ACCOUNTANT</b>	Name of Employer <b>GIESECKE &amp; DEVRIENT AMERICA</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/28/2017</b>
		Aggregate Contributions <b>\$375.00</b>	Amount of Contribution <b>\$375.00</b>

Last Name <b>DARANY</b>	First <b>TIBOR</b>	MI	Contribution ID # <b>0703</b>
Residential Street Address <b>974 North St</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06831-2845</b>
Principal Occupation <b>RETIRED</b>	Name of Employer <b>RETIRED</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/28/2017</b>
		Aggregate Contributions <b>\$225.00</b>	Amount of Contribution <b>\$25.00</b>

Last Name <b>MASHIA</b>	First <b>DIANA</b>	MI	Contribution ID # <b>0704</b>
Residential Street Address <b>18 Whipoorwill Ln</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880-2257</b>
Principal Occupation <b>CONSULTANT</b>	Name of Employer <b>OLIAN SOLUTIONS LLC</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/28/2017</b>
		Aggregate Contributions <b>\$100.00</b>	Amount of Contribution <b>\$100.00</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name MCENROE	First DIANE	MI	Contribution ID # 0705
Residential Street Address 21 Cresthill Pl	City Stamford	State CT	Zip Code 06902-8037
Principal Occupation ATTORNEY	Name of Employer SIDLEY AUSTIN		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/29/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name HANDLER	First KIM	MI	Contribution ID # 0706
Residential Street Address 24 Lower Cross Rd	City Greenwich	State CT	Zip Code 06831-3002
Principal Occupation DESIGNER	Name of Employer SELF		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/29/2017	Aggregate Contributions \$150.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name BHARGAVA	First THILU	MI	Contribution ID # 0707
Residential Street Address 3000 Creekside Dr	City Dundas	State ON	Zip Code
Principal Occupation RETIRED TEACHER	Name of Employer COLUMBIA INTERNATIONAL COLLEGE, HAMILTON, ONTARIO		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/29/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name BHARGAVA	First ANAMI	MI	Contribution ID # 0708
Residential Street Address 3000 Creekside Dr	City Dundas	State ON	Zip Code
Principal Occupation RETIRED - IT PROFESSIONAL	Name of Employer MCMASTER UNIVERSITY, HAMILTON, ONTARIO, CANADA		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/29/2017	Aggregate Contributions \$151.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$151.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>PLATSIS</b>	First <b>MARIA</b>	MI	Contribution ID # <b>0709</b>
Residential Street Address <b>11 Brook Dr</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06830-6324</b>
Principal Occupation <b>EXECUTIVE</b>	Name of Employer <b>INTEGRA LIFESCIENCES</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/29/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>BROWN</b>	First <b>HENRY</b>	MI	Contribution ID # <b>0710</b>
Residential Street Address <b>105 Church St</b>	City <b>Wethersfield</b>	State <b>CT</b>	Zip Code <b>06109-2342</b>
Principal Occupation <b>GOVERNMENT RELATIONS</b>	Name of Employer <b>HKB GOVERNMENT RELATIONS</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/29/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>CARTER</b>	First <b>MARY</b>	MI	Contribution ID # <b>0711</b>
Residential Street Address <b>3148 Rehoboth Dr</b>	City <b>Decatur</b>	State <b>GA</b>	Zip Code <b>30033-3339</b>
Principal Occupation <b>JOURNLIST</b>	Name of Employer <b>WEBMD</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/29/2017</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>GLANZMANN</b>	First <b>JIM</b>	MI	Contribution ID # <b>0712</b>
Residential Street Address <b>815 Stenton Pl</b>	City <b>Ocean City</b>	State <b>NJ</b>	Zip Code <b>08226-4341</b>
Principal Occupation <b>CAR SALES</b>	Name of Employer <b>EUROMOTOR CAR</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/29/2017</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name DIAZ	First JOSE	MI	Contribution ID # 0713
Residential Street Address 1051 Post Rd	City Darren	State CT	Zip Code 06820-5436
Principal Occupation PAINTER	Name of Employer EXPERT ENTERPRISES INC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/29/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name FISHMAN	First ANDREW	MI	Contribution ID # 0714
Residential Street Address 2 Larch Tree Ln	City Westport	State CT	Zip Code 06880-1120
Principal Occupation STAFF ASSISTANT	Name of Employer US SENATE		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/29/2017	Aggregate Contributions \$350.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$250.00	

Last Name PYNN	First REGINA	MI	Contribution ID # 0715
Residential Street Address 25 Walker Dr	City Simsbury	State CT	Zip Code 06070-2641
Principal Occupation PROGRAM MANAGER	Name of Employer HEXCEL		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/29/2017	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name SINGLA	First ROHIT	MI	Contribution ID # 0716
Residential Street Address 1270 Romney Rd	City Bloomfield Hills	State MI	Zip Code 48304-1537
Principal Occupation DOCTOR	Name of Employer BEAUMONT HOPITAL		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/29/2017	Aggregate Contributions \$5.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>SAMBERG</b>	First <b>JOEL</b>	MI	Contribution ID # <b>0717</b>
Residential Street Address <b>76 Cider Brook Rd</b>	City <b>Avon</b>	State <b>CT</b>	Zip Code <b>06001-2831</b>
Principal Occupation <b>WRITER</b>	Name of Employer <b>SELF EMPLOYED</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/29/2017</b>	Aggregate Contributions <b>\$10.00</b>
		Amount of Contribution <b>\$5.00</b>	

Last Name <b>BROWN</b>	First <b>PAT</b>	MI	Contribution ID # <b>0718</b>
Residential Street Address <b>49 Garfield Ave</b>	City <b>North Haven</b>	State <b>CT</b>	Zip Code <b>06473-4405</b>
Principal Occupation <b>RETIRED</b>	Name of Employer <b>RETIRED</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/29/2017</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

Last Name <b>DARANY</b>	First <b>BRITA</b>	MI	Contribution ID # <b>0719</b>
Residential Street Address <b>974 North St</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06831-2845</b>
Principal Occupation <b>NONE</b>	Name of Employer <b>NONE</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/29/2017</b>	Aggregate Contributions <b>\$275.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>KISH</b>	First <b>JAMES</b>	MI	Contribution ID # <b>0720</b>
Residential Street Address <b>314 Wilton Rd W</b>	City <b>Ridgefield</b>	State <b>CT</b>	Zip Code <b>06877-5532</b>
Principal Occupation <b>SELF- EMPLOYED</b>	Name of Employer <b>ELECTRICAL CONTRACTOR</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>12/29/2017</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name CROCCO	First KIM	MI	Contribution ID # 0721
Residential Street Address PO Box 426	City Cos Cob	State CT	Zip Code 06807-0426
Principal Occupation SELF EMPLOYED	Name of Employer SELF EMPLOYED		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/29/2017
		Aggregate Contributions \$35.00	Amount of Contribution \$35.00

Last Name WIEGENFELD	First NATALIE	MI	Contribution ID # 0722
Residential Street Address 82 Doubling Rd	City Greenwich	State CT	Zip Code 06830-4047
Principal Occupation LAWYER	Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/29/2017
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

Last Name BLOOD	First CATHLEEN	MI	Contribution ID # 0723
Residential Street Address 14 Druid Ln	City Riverside	State CT	Zip Code 06878-1805
Principal Occupation DIGITAL MEDIA STRATEGIST	Name of Employer NEST NEW MEDIA		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/29/2017
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

Last Name SMITH	First ERICA	MI	Contribution ID # 0724
Residential Street Address 12 Coachlamp Ln	City Greenwich	State CT	Zip Code 06830-4003
Principal Occupation STUDENT	Name of Employer SELF		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/29/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name KANJI	First MUKTI	MI	Contribution ID # 0725
Residential Street Address 741 Greenwood Ave NE	City Atlanta	State GA	Zip Code 30306-5702
Principal Occupation PHYSICIAN	Name of Employer HUCFM		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 12/29/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name YARD	First LARRY	MI	Contribution ID # 0726
Residential Street Address 1125 Laguna Seca Ct	City Banning	State CA	Zip Code 92220-5360
Principal Occupation CASINO MANAGER	Name of Employer MORONGO CASINO		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 12/29/2017	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name SOCKET	First BRUCE	MI	Contribution ID # 0727
Residential Street Address 25 Nimitz Pl	City Old Greenwich	State CT	Zip Code 06870-1117
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 12/29/2017	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name BLUMENSAADT	First ANN	MI	Contribution ID # 0534
Residential Street Address 4 Talbot Ln	City Greenwich	State CT	Zip Code 06830-5911
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 12/29/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name MOLINA	First OSCAR	MI	Contribution ID # 0535
Residential Street Address 8 S Highland Ave	City Nyack	State NY	Zip Code 10960-2443
Principal Occupation MANAGER	Name of Employer CORNETTA RESTAURANT		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/29/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name PUGA	First JORGE	MI	Contribution ID # 0536
Residential Street Address 85 N Highland Ave	City Nyack	State NY	Zip Code 10960-1804
Principal Occupation UNEMPLOYED	Name of Employer UNEMPLOYED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/29/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name NAZARETH	First CECIL	MI	Contribution ID # 0728
Residential Street Address 66 Thunder Lake Rd	City Wilton	State CT	Zip Code 06897-1334
Principal Occupation CPA	Name of Employer SELF EMPLOYED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/30/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name HESS	First FREDERICK	MI	Contribution ID # 0729
Residential Street Address 60 Edgewater Commons Ln	City Westport	State CT	Zip Code 06880-6147
Principal Occupation CONSULTANT	Name of Employer SELF		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/30/2017	Aggregate Contributions \$350.00
			Amount of Contribution \$250.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name AMIN	First YOGESH	MI	Contribution ID # 0730
Residential Street Address 2 Quarry Dr	City New City	State NY	Zip Code 10956-4231
Principal Occupation RETIRED	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/30/2017	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name SCHINE	First LINDSAY	MI	Contribution ID # 0731
Residential Street Address 141 Godfrey Rd E	City Weston	State CT	Zip Code 06883-1425
Principal Occupation PHYSICIAN	Name of Employer WEST HAVEN VA		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/30/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name GORDON	First JILL	MI	Contribution ID # 0732
Residential Street Address 142 E Ave A404	City Norwalk	State CT	Zip Code 06851-5742
Principal Occupation INTERIOR DESIGNER	Name of Employer SELF		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/30/2017	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name PATEL	First KRISHNA	MI	Contribution ID # 0733
Residential Street Address 17 Woodway Ln	City Westport	State CT	Zip Code 06880
Principal Occupation ATTORNEY	Name of Employer GRACE FARMS FOUNDATION		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/30/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name WILLIS	First LISA	MI	Contribution ID # 0734
Residential Street Address PO Box 1299	City Villa Rica	State GA	Zip Code 30180-6299
Principal Occupation BUSINESS OWNER	Name of Employer WILLIS PROFESSIONAL SERVICES, INC.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/30/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name TOOMEY-WILSON	First DIANA	MI	Contribution ID # 0735
Residential Street Address 19 Fireside Ct	City Norwalk	State CT	Zip Code 06850-2710
Principal Occupation STAY AT HOME PARENT	Name of Employer NONE		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/30/2017
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

Last Name PATERNA	First ANDREW	MI	Contribution ID # 0736
Residential Street Address 301 Strawberry Ln	City South Windsor	State CT	Zip Code 06074-2092
Principal Occupation RETIRED-PROFESSOR	Name of Employer MANCHESTER COMMUNITY COLLEGE		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/30/2017
		Aggregate Contributions \$25.00	Amount of Contribution \$25.00

Last Name BENDFELDT	First SANDRA	MI	Contribution ID # 0737
Residential Street Address 333 Palmer Hill Rd Apt 2D	City Riverside	State CT	Zip Code 06878-1042
Principal Occupation RETIRED	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/30/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name MOORE	First MARGARET	MI	Contribution ID # 0738
Residential Street Address 19 Palmer Ln	City Riverside	State CT	Zip Code 06878-2308
Principal Occupation WRITER	Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/30/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name SCHINE	First LOIS	MI	Contribution ID # 0739
Residential Street Address 208 Bayberry Ln	City Westport	State CT	Zip Code 06880-1604
Principal Occupation ENGINEER-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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/30/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name JINDAL	First NUPUR	MI	Contribution ID # 0740
Residential Street Address 30 Mallard Dr	City Greenwich	State CT	Zip Code 06830-6710
Principal Occupation CONSULTANT	Name of Employer IRI WORLDWIDE		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/30/2017	Aggregate Contributions \$375.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$375.00	

Last Name CONNELLY	First MARTIN	MI	Contribution ID # 0741
Residential Street Address 141 Central Ave	City Hamden	State CT	Zip Code 06517-1810
Principal Occupation ADMINISTRATOR	Name of Employer CT INTERLOCAL RISK MANAGEMENT AGENCY		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/30/2017	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name VAZQUEZ	First PENNY	MI	Contribution ID # 0742
Residential Street Address 52 Fairfield Rd	City Greenwich	State CT	Zip Code 06830-4856
Principal Occupation SELF-EMPLOYED	Name of Employer SELF-EMPLOYED		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/30/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name MCDERMOTT	First MARK	MI	Contribution ID # 0743
Residential Street Address 215 Old Post Rd	City Fairfield	State CT	Zip Code 06824-6234
Principal Occupation TEXTILE SALES	Name of Employer AMERICAN & EFIRD LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/30/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$50.00	

Last Name BHARGAVA	First ANAMI	MI	Contribution ID # 0744
Residential Street Address 3000 Creekside Dr # 701	City Dundas	State ON	Zip Code
Principal Occupation RETIRED - IT PROFESSIONAL	Name of Employer MCMASTER UNIVERSITY, HAMILTON, ONTARIO, CANADA		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/30/2017	Aggregate Contributions \$101.00
		Amount of Contribution \$101.00	

Last Name BHARGAVA	First ANAMI	MI	Contribution ID # 0745
Residential Street Address 87 Citadel Grv NW	City Calgary	State TX	Zip Code
Principal Occupation RETIRED - PROFESSOR	Name of Employer UNIVERSITY OF CALGARY		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/30/2017	Aggregate Contributions \$101.00
		Amount of Contribution \$101.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name TORRES	First GABRIEL	MI	Contribution ID # 0746
Residential Street Address 33 Nicola St	City Waterbury	State CT	Zip Code 06704-2732
Principal Occupation BALLOON ARTIST	Name of Employer TWISTYBROS.COM		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/30/2017	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name HENDERSON	First DAVID	MI	Contribution ID # 0747
Residential Street Address 925 Sylvan Ln	City Mamaroneck	State NY	Zip Code 10543-3954
Principal Occupation CEO	Name of Employer SENSSUM INC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/30/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name HENDERSON	First CARLA	MI	Contribution ID # 0748
Residential Street Address 925 Sylvan Ln	City Mamaroneck	State NY	Zip Code 10543-3954
Principal Occupation HOMEMAKER	Name of Employer HOMEMAKER		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/30/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name ACHARYA	First SHARADA	MI	Contribution ID # 0749
Residential Street Address 69 Miller Rd	City Castleton On Hudson	State NY	Zip Code 12033-4022
Principal Occupation UNEMPLOYED	Name of Employer UNEMPLOYED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/30/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name WEISS	First EVE	MI	Contribution ID # 0750
Residential Street Address 3135 Johnson Ave	City Bronx	State NY	Zip Code 10463-3518
Principal Occupation MUSICIAN	Name of Employer SELF		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/30/2017
		Aggregate Contributions \$30.00	Amount of Contribution \$5.00

Last Name SCHINE	First LESLIE	MI	Contribution ID # 0751
Residential Street Address 70 Duncan Dr	City Greenwich	State CT	Zip Code 06831-3645
Principal Occupation RETIRED	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/30/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name LUDDY	First PAM	MI	Contribution ID # 0752
Residential Street Address 69 Michael Rd	City Stamford	State CT	Zip Code 06903-3024
Principal Occupation SALES	Name of Employer BYRAM HEALTHCARE		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/30/2017
		Aggregate Contributions \$375.00	Amount of Contribution \$375.00

Last Name KUMAR	First NAMSAKHI	MI	Contribution ID # 0753
Residential Street Address HASTING STREET BURNABY	City Vancouver	State WA	Zip Code
Principal Occupation STUDENT	Name of Employer STUDENT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/30/2017
		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
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name GOLDSMITH	First STEPHANIE	MI	Contribution ID # 0754
Residential Street Address 16070 Woodvale Rd	City Encino	State CA	Zip Code 91436-3447
Principal Occupation RECRUITER	Name of Employer HEIDRICK & STRUGGLES		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/31/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name RAJ	First SHAAN	MI	Contribution ID # 0755
Residential Street Address 29461 Earth Ln	City Farmington	State MI	Zip Code 48331-3134
Principal Occupation AUDITOR	Name of Employer STAGE 2 INNOVATIONS		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/31/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name TEPLICA	First ZULLY	MI	Contribution ID # 0756
Residential Street Address 122 Maple Ave	City Stamford	State CT	Zip Code 06902-4041
Principal Occupation BABYSITTING	Name of Employer SELF EMPLOY		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/31/2017	Aggregate Contributions \$200.00
		Amount of Contribution \$200.00	

Last Name HALDEMAN	First MARGARET	MI	Contribution ID # 0757
Residential Street Address 17 Banks Rd	City Simsbury	State CT	Zip Code 06070-2301
Principal Occupation SCIENTIST	Name of Employer I- HEALTH, INC.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/31/2017	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
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name RICHARDS	First JANICE	MI	Contribution ID # 0758
Residential Street Address 41 Frontier Rd	City Cos Cob	State CT	Zip Code 06807-1208
Principal Occupation ARTIST	Name of Employer SELF EMPLOYED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 12/31/2017	Aggregate Contributions \$250.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name GOGATE	First RISHI	MI	Contribution ID # 0759
Residential Street Address 37 Long Meadow Ct	City Riverside	State CT	Zip Code 06878-1129
Principal Occupation DENTIST	Name of Employer WEST AVENUE DENTAL		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 12/31/2017	Aggregate Contributions \$250.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$250.00	

Last Name SAEED	First ASKER	MI	Contribution ID # 0760
Residential Street Address 52 Nuthatch Knob	City Glastonbury	State CT	Zip Code 06033-1360
Principal Occupation DIRECTOR OF DIVERSITY & INCLUSION	Name of Employer FRIED FRANK		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 12/31/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name BHARGAVA	First KUMARIL	MI	Contribution ID # 0761
Residential Street Address 2150 Ferncroft Ln	City Chester Springs	State PA	Zip Code 19425-3846
Principal Occupation SCIENTIST	Name of Employer SELF EMPLOYED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 12/31/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name BHARGAVA	First PUSHPA AND VIKRAM	MI	Contribution ID # 0762
Residential Street Address 83 Constitution Way	City Somerset	State NJ	Zip Code 08873-7411
Principal Occupation RETIRED	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/31/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name DURYEA	First TINA	MI	Contribution ID # 0763
Residential Street Address 6 Deane Ct	City Norwalk	State CT	Zip Code 06853-1005
Principal Occupation ARTIST	Name of Employer SELF		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/31/2017
		Aggregate Contributions \$125.00	Amount of Contribution \$50.00

Last Name INGALL	First SUSAN	MI	Contribution ID # 0764
Residential Street Address 18 Fern Valley Rd	City Weston	State CT	Zip Code 06883-1951
Principal Occupation NONE	Name of Employer NONE		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/31/2017
		Aggregate Contributions \$25.00	Amount of Contribution \$25.00

Last Name AIBEL	First STEVEN	MI	Contribution ID # 0765
Residential Street Address 6 Sheep Pasture Ln	City Huntington	State NY	Zip Code 11743-5136
Principal Occupation FINANCIAL ADVISOR	Name of Employer MERRILL LYNCH		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/31/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name NEELAM	First UDAYA	MI	Contribution ID # 0766
Residential Street Address 656 S Indian Hill Rd	City Orange	State CT	Zip Code 06477-2026
Principal Occupation IT CONSULTANT	Name of Employer SCUBE GLOBAL SOLUTIONS		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/31/2017	Aggregate Contributions \$200.00
		Amount of Contribution \$100.00	

Last Name FULTON	First LYNN	MI	Contribution ID # 0767
Residential Street Address 424 Bristol Cone Ln	City Naples	State FL	Zip Code 34113
Principal Occupation REAL ESTATE AGENT	Name of Employer JOHN R WOOD		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/31/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name CARBONELL	First NICOLE	MI	Contribution ID # 0768
Residential Street Address 18572 Wetherill Rd	City Monument	State CO	Zip Code 80132-2845
Principal Occupation PHYSICIAN	Name of Employer FRONT RANGE EMERGENCY SPECIALIST		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/31/2017	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name SAHAY	First SHAILESH	MI	Contribution ID # 0769
Residential Street Address 716 Snowden Hallowell Way	City Alexandria	State VA	Zip Code 22314-1972
Principal Occupation LAWYER	Name of Employer POET, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/31/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name HACIOGLU	First TRICIA	MI	Contribution ID # 0770
Residential Street Address 32065 Waterside Ln	City Westlake Village	State CA	Zip Code 91361-3623
Principal Occupation COMMUNITY VOLUNTEER	Name of Employer SELF		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/31/2017	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name THITTHAVONG	First EMALEE	MI	Contribution ID # 0771
Residential Street Address 59 Fairview Ave	City Fairfield	State CT	Zip Code 06824-5214
Principal Occupation COMMUNICATIONS CONSULTANT	Name of Employer EXECUTIVE VOICE		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/31/2017	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name JOHNSON	First ELIZABETH	MI	Contribution ID # 0772
Residential Street Address 7 Deer Park Ct	City Greenwich	State CT	Zip Code 06830-3803
Principal Occupation PHOTOGRAPHER	Name of Employer SELF		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/31/2017	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name COOPER	First LESLIE	MI	Contribution ID # 0773
Residential Street Address 26 The Ridgeway	City Greenwich	State CT	Zip Code 06831-3712
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/31/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name RUSSELL	First SALLY	MI	Contribution ID # 0774
Residential Street Address 98 Stamford Ave	City Stamford	State CT	Zip Code 06902-8016
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 12/31/2017	Aggregate Contributions \$125.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$75.00	

Last Name SRINIVASAN	First KAMLA	MI	Contribution ID # 0775
Residential Street Address 25 Colony Cir	City Glastonbury	State CT	Zip Code 06033-2605
Principal Occupation BOOK SALES	Name of Employer SELF EMPLOYED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 12/31/2017	Aggregate Contributions \$200.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name HYACINTH	First TRICIA	MI	Contribution ID # 0776
Residential Street Address 4 Melon Patch Ln	City Monroe	State CT	Zip Code 06468-1120
Principal Occupation DIRECTOR	Name of Employer FCCF		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 12/31/2017	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name MANFREDI	First LEONARD	MI	Contribution ID # 0777
Residential Street Address 7 Alrowood Dr	City Norwalk	State CT	Zip Code 06851-4306
Principal Occupation OPERATIONS MANAGER	Name of Employer RICK PINTO SWIMMING POOL SERVICE, INC.		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 12/31/2017	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name RENAUD	First DIANE	MI	Contribution ID # 0778
Residential Street Address 24 Old Easton Tpke	City Weston	State CT	Zip Code 06883-2427
Principal Occupation NONE	Name of Employer NONE		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/31/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name CORDULACK	First CALVIN	MI	Contribution ID # 0779
Residential Street Address 28 Woolsey Rd	City Stamford	State CT	Zip Code 06902-8036
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/31/2017	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

Last Name SISLER	First DIANA	MI	Contribution ID # 0780
Residential Street Address 338 Bennett St	City Fairfield	State CT	Zip Code 06825-1373
Principal Occupation CONSULTANT	Name of Employer IFS LLC (SELF)		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/31/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$25.00	

Last Name HULL	First CHRISTOPHER	MI	Contribution ID # 0781
Residential Street Address 267 Sport Hill Rd	City Easton	State CT	Zip Code 06612-1825
Principal Occupation ARCHITECT	Name of Employer CAH ARCHITECTURE AND DESIGN, LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/31/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name ECKERD	First MARCIA	MI	Contribution ID # 0782
Residential Street Address 340 Old Battery Rd	City Bridgeport	State CT	Zip Code 06605-3619
Principal Occupation PSYCHOLOGIST	Name of Employer SELF		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/31/2017	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name GIRARD	First JAN	MI	Contribution ID # 0783
Residential Street Address 11 L Hermitage Dr	City Shelton	State CT	Zip Code 06484-3829
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/31/2017	Aggregate Contributions \$200.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name BRITTON	First ERIN	MI	Contribution ID # 0784
Residential Street Address 1701 Potomac Ave	City Pittsburgh	State PA	Zip Code 15216-1930
Principal Occupation TECHNOLOGY SPECIALIST	Name of Employer UBS FINANCIAL SERVICES		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/31/2017	Aggregate Contributions \$375.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$375.00	

Last Name SHEA	First TIM	MI	Contribution ID # 0785
Residential Street Address 1701 Potomac Ave	City Pittsburgh	State PA	Zip Code 15216-1930
Principal Occupation SELF-EMPLOYED E-COMMERCE CONSULTANT	Name of Employer PGH DIGITAL		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 12/31/2017	Aggregate Contributions \$375.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$375.00	



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name SINGER SHENFELD	First JANA	MI	Contribution ID # 0786
Residential Street Address 17954 Rosita St	City Encino	State CA	Zip Code 91316-4215
Principal Occupation SELF	Name of Employer BUSINESS PERSON		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/31/2017	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name ROUZEAU	First LYDIA	MI	Contribution ID # 0787
Residential Street Address 122 Cat Rock Rd	City Cos Cob	State CT	Zip Code 06807-1302
Principal Occupation REALTOR	Name of Employer SELF		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/31/2017	Aggregate Contributions \$250.00
			Amount of Contribution \$50.00

<b>Total of Section B</b>			<b>\$71,863.21</b>
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b>			<b>\$71,863.21</b>
(Sections A + B) (Total on Line 14, Column A of Summary Page)			

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	
City	State	Zip Code	Amount of Contribution
Date Received	Aggregate Contributions		

<b>Total of Section C1</b>			
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**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE				TYPE OF REPORT	
Dita for CT				January 10 Filing - Amendment	
<b>C2. Reimbursements or Surplus Distributions from other Committees</b>					
Name of Committee			Name of Treasurer		
Address				Date Received	Amount of Receipt
City	State	Zip Code	Payment Type		
			Reimbursement for shared expense Surplus distribution from exploratory committee		
Expenditure #	Description				
<b>Total of Section C2</b>					

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

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

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

NAME OF COMMITTEE	TYPE OF REPORT
Dita for CT	January 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	
<b>Total of Section E</b>		

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

NAME OF COMMITTEE	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**G. Interest from Deposits in Authorized Accounts**

Name of Institution	Date Received	Amount
Street Address	City	State      Zip Code
<b>Total of Section G</b>		

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

NAME OF COMMITTEE	TYPE OF REPORT
Dita for CT	January 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		
<b>Total of Section H</b>			

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

NAME OF COMMITTEE				TYPE OF REPORT	
Dita for CT				January 10 Filing - Amendment	
<b>I. Miscellaneous Monetary Receipts not Considered Contributions</b>					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
<b>Total of Section I</b>					

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

### J1. Event Information

Event # Date of Event 10/01/2017	Letter A	Description Luncheon Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 1300 S Main St		City Middletown	State CT
Zip Code 06457			
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. <input checked="" type="checkbox"/> No	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information. <input checked="" type="checkbox"/> No	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No	
		\$0.00	

Event # Date of Event 10/09/2017	Letter A	Description Dinner Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 1085 Howell Mill Rd		City Atlanta	State GA
Zip Code 30318			
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. <input checked="" type="checkbox"/> No	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information. <input checked="" type="checkbox"/> No	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No	
		\$0.00	

Event # Date of Event 11/01/2017	Letter A	Description Luncheon Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 450 Park Ave S		City New York	State NY
Zip Code 10016			
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. <input checked="" type="checkbox"/> No	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information. <input checked="" type="checkbox"/> No	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No	
		\$0.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

### J1. Event Information

Event # Date of Event 11/08/2017	Letter A	Description Home Fundraiser	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 19 Hidden Brook Rd		City Riverside	State CT
Zip Code 06878			
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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.
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.) <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$0.00</div>

Event # Date of Event 11/12/2017	Letter A	Description Home Fundraiser	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 24 Bayberry Ln		City Milford	State CT
Zip Code 06460			
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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.
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.) <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$0.00</div>

Event # Date of Event 11/13/2017	Letter A	Description Luncheon Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 616 Post Rd E		City Westport	State CT
Zip Code 06880			
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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.
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.) <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$0.00</div>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**J1. Event Information**

Event # Date of Event 11/19/2017	Letter A	Description Home Fundraiser	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 60 Edgewater Commons Ln		City Westport	State CT
Zip Code 06880			
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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.
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.) <input type="text" value="\$0.00"/>

Event # Date of Event 11/26/2017	Letter A	Description Luncheon Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 1300 S Main St		City Middletown	State CT
Zip Code 06457			
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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.
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.) <input type="text" value="\$0.00"/>

Event # Date of Event 12/03/2017	Letter A	Description Home Fundraiser	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 3 Briarwood Rd		City Norwalk	State CT
Zip Code 06850			
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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.
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.) <input type="text" value="\$0.00"/>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**J1. Event Information**

Event # Date of Event 12/03/2017	Letter B	Description Home Fundraiser	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 48 Old Sawmill Rd		City Trumbull	State CT
Zip Code 06611			
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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.
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
<b>Subpart 1:</b> Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.) <input type="text" value="\$0.00"/>

Event # Date of Event 12/05/2017	Letter A	Description Luncheon Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 249 Railroad Ave		City Greenwich	State CT
Zip Code 06830			
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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.
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
<b>Subpart 1:</b> Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.) <input type="text" value="\$0.00"/>

Event # Date of Event 12/07/2017	Letter A	Description Home Fundraiser	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 33 Alpine Rd		City Greenwich	State CT
Zip Code 06830			
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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.
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
<b>Subpart 1:</b> Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.) <input type="text" value="\$0.00"/>



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

### J1. Event Information

Event # Date of Event 12/07/2017	Letter B	Description Home Fundraiser	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 201 Marin Blvd # 1608		City Jersey City	State NJ
Zip Code 07302			
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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.
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.) <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$0.00</div>

Event # Date of Event 12/10/2017	Letter A	Description Home Fundraiser	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 112 S Park St		City San Francisco	State CA
Zip Code 94107			
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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.
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.) <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$0.00</div>

Event # Date of Event 12/13/2017	Letter A	Description Other Event	Was this a fundraising event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Location: Street Address 156 W 56th St		City New York	State NY
Zip Code 10019			
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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.
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.) <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$0.00</div>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Dita for CT		January 10 Filing - Amendment	
<b>J1. Event Information</b>			
Event # Date of Event 12/14/2017	Letter A	Description Home Fundraiser	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 25 Wallacks Dr		City Stamford	State CT
		Zip Code 06902	
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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.
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
<b>Subpart 1:</b> Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.) <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$0.00</div>
Event # Date of Event 12/16/2017	Letter A	Description Luncheon Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 877 Park Ave		City Bridgeport	State CT
		Zip Code 06604	
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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.
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
<b>Subpart 1:</b> Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.) <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$0.00</div>
<b>Total of Section J1</b>			<b>\$0.00</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment
<b>J3. In-Kind Donations Not Considered Contributions</b>	

Name of the Donor				
Street Address		City	State	Zip Code
Donation Given by:	Description of Donation			Fair Market Value of Donation
Individual	Date Received	Event #	Aggregate value for this event	
Business Entity				
Sole Proprietorship				
<b>Total of Section J3</b>				

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment
<b>J4. In-Kind Donations Not Considered Contributions Associated with a House Party</b>	

Name of Host	Is this event supporting more than one candidate?		
Lora Robertson	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, complete Itemization in Addendum J4
Street Address	City	State	Zip Code
19 Hidden Brook Rd	Riverside	CT	06878-2303
Description of Donation			Fair Market Value of Donation
FOOD/BEVERAGES HOUSE FUNDRAISER			
Event #	Aggregate value of this Event - all hosts	Aggregate value of all Events - this host/candidate	
11082017A	\$359.95	\$359.95	\$359.95

<b>Total of Section J4</b>			<b>\$359.95</b>
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**III. NONMONETARY RECEIPTS (Sections K - L)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**K. In-Kind Contributions**

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

**Total of Section K**

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**L. Refundable Deposit to Telephone Company**

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

**Total of Section L**

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee NGP VAN, INC.		Date of Payment 10/01/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 392264		City Pittsburgh	State PA	Zip Code 15251-9264
Purpose of Expend OVHD	Description ONLINE SUBSCRIPTION FUNDRAISING DATABASE			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$950.00

Name of Payee MALABAR		Date of Payment 10/02/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 3456 Lauderdale Dr		City Richmond	State VA	Zip Code 23233
Purpose of Expend FOOD	Description FOOD CATERING FOR VA FUNDRAISER			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				09242017A
				\$908.40

Name of Payee GOOGLE, INC.		Date of Payment 10/02/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1600 Amphitheatre Pkwy		City Mountain View	State CA	Zip Code 94043
Purpose of Expend BNK	Description GOOGLE *SVCSAPPS d cc@google.co CA INV#3380362545			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$23.33

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee SAGE PAYMENT SOLUTIONS		Date of Payment 10/02/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 12120 Sunset Hills Rd Ste 500		City Reston	State VA	Zip Code 20190
Purpose of Expend BNK	Description MERCHANT CARD PROCESSING FEES			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$1,000.22

Name of Payee ANEDOT INC		Date of Payment 10/02/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expend BNK	Description BANK CREDIT CARD CHARGES			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$404.95

Name of Payee ANEDOT INC		Date of Payment 10/03/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expend BNK	Description BANK CREDIT CARD FEES			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$101.25

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

#### N. Expenses Paid By Committee

Name of Payee DITA BHARGAVA		Date of Payment 10/04/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>105</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 502 Cognewaugh Rd .		City Cos Cob	State CT	Zip Code 06807
Purpose of Expend RMB	Description REIMB - VIDEO PROD DEPOSIT		Amount  \$5,000.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		
Name of Payee JULIANA HESS		Date of Payment 10/06/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>106</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 60 Edgewater Commons Ln		City Westport	State CT	Zip Code 06880
Purpose of Expend RMB	Description REIMB VARIOUS VENDORS (COSTCO, TOTAL WINE, S&S) FR 09/28/17		Amount  \$304.37	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		
Name of Payee BARCELONA WINE BAR		Date of Payment 10/09/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1085 Howell Mill Rd		City Atlanta	State GA	Zip Code 30318
Purpose of Expend FOOD	Description FOOD ATLANTA FUNDRAISER		Amount  \$1,155.78	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee STAPLES		Date of Payment 10/16/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1201 Kings Hwy		City Fairfield	State CT	Zip Code 06824
Purpose of Expend OFFICE	Description PRINTER (B&W) TONER CARTRIDGE			Amount  \$84.01
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee STAPLES		Date of Payment 10/17/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1201 Kings Hwy		City Fairfield	State CT	Zip Code 06824
Purpose of Expend OFFICE	Description PRINTER INK CARTRIDGES			Amount  \$71.66
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee HAVELI INDIA		Date of Payment 10/31/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1300 S Main St		City Middletown	State CT	Zip Code 06457
Purpose of Expend FOOD	Description BUFFET LUNCH FUNDRAISER 10/01/17			Amount  \$422.60
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee NGP VAN, INC.		Date of Payment 11/01/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 392264		City Pittsburgh	State PA	Zip Code 15251-9264
Purpose of Expend OVHD	Description ONLINE SUBSCRIPTION FUNDRAISING DATABASE			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$950.00

Name of Payee Google, Inc.		Date of Payment 11/01/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1600 Amphitheatre Pkwy		City Mountain View	State CA	Zip Code 94043
Purpose of Expend BNK	Description GOOGLE *SVCSAPPS d cc@google.co CA INV#3385143908			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$86.76

Name of Payee P.S. 450 RESTAURANT		Date of Payment 11/01/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 450 Park Ave S		City New York	State NY	Zip Code 10016
Purpose of Expend FOOD	Description FOOD RESTAURANT FUNDRAISER NYC 11/01/17			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$429.11

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee MARC BRADLEY		Date of Payment 11/01/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>107</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 55 Roton Ave .		City Norwalk	State CT	Zip Code 06853
Purpose of Expend CNSLT	Description FINANCE DIRECTOR SEPT. 2017 CAMPAIGN SET UP FEE (IN ARREARS)			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$4,000.00

Name of Payee MARC BRADLEY		Date of Payment 11/01/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>108</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 55 Roton Ave .		City Norwalk	State CT	Zip Code 06853
Purpose of Expend CNSLT	Description FINANCE DIRECTOR OCT. 2017 CAMPAIGN SERVICES FEE			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$4,000.00

Name of Payee DIANA C. SISLER		Date of Payment 11/01/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>109</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 338 Bennett St .		City Fairfield	State CT	Zip Code 06825
Purpose of Expend RMB	Description MILEAGE REIMB			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$113.42

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee SAGE PAYMENT SOLUTIONS		Date of Payment 11/02/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 12120 Sunset Hills Rd Ste 500		City Reston	State VA	Zip Code 20190
Purpose of Expend BNK	Description MERCHANT CARD PROCESSING FEES		Amount  \$935.81	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		

Name of Payee EDWARD COREY		Date of Payment 11/03/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>110</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 52 Sharon Ave		City Torrington	State CT	Zip Code 06790
Purpose of Expend CNSLT	Description POLITICAL COORDINATOR OCT. 2017 CAMPAIGN SERVICES FEE		Amount  \$2,700.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		

Name of Payee JULIANA HESS		Date of Payment 11/08/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>111</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 60 Edgewater Commons Ln		City Westport	State CT	Zip Code 06880
Purpose of Expend CNSLT	Description CAMPAIGN ADVISORY SEPT. 2017 CAMPAIGN SERVICES FEE		Amount  \$2,500.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee JULIANA HESS	Date of Payment 11/08/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>112</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 60 Edgewater Commons Ln	City Westport	State CT	Zip Code 06880
Purpose of Expend CNSLT	Description CAMPAIGN ADVISORY OCT. 2017 CAMPAIGN SERVICES FEE	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #  \$2,500.00

Name of Payee MARC BRADLEY	Date of Payment 11/10/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>113</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 55 Roton Ave .	City Norwalk	State CT	Zip Code 06853
Purpose of Expend RMB	Description PARKING NYC FR EVENT 11/01/17	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #  \$68.00

Name of Payee USPS	Date of Payment 11/10/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 357 Commerce Dr	City Fairfield	State CT	Zip Code 06825-9998
Purpose of Expend POST	Description POSTAGE STAMPS`	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #  \$4.90

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee ROBERT SCHEUER		Date of Payment 11/10/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>114</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 960 Lake Ave		City Greenwich	State CT	Zip Code 06831-3032
Purpose of Expend REF	Description REFUND EXCESS CONTRIBUTION RECD #VSGDY9XE7Y8			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$125.00

Name of Payee TWO SEVENTY (270) STRATEGIES		Date of Payment 11/17/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>WB1866731</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 626 W Jackson Blvd Ste 600		City Chicago	State IL	Zip Code 60661
Purpose of Expend A-WEB	Description INV SI-00521 - NOV 2017			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3,000.00

Name of Payee RED HORSE STRATEGIES		Date of Payment 11/17/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>115</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 55 Washington St Ste 702		City Brooklyn	State NY	Zip Code 11201
Purpose of Expend CNSLT	Description INV 3199 SEPT CONSULTING			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$2,250.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee RED HORSE STRATEGIES		Date of Payment 11/17/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>115</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 55 Washington St Ste 702		City Brooklyn	State NY	Zip Code 11201
Purpose of Expend A-WEB	Description INV #3199 DIGITAL ADV			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3,664.28

Name of Payee RED HORSE STRATEGIES		Date of Payment 11/17/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>116</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 55 Washington St Ste 702		City Brooklyn	State NY	Zip Code 11201
Purpose of Expend CNSLT	Description INV #3219 OCT CONSULTING			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$1,500.00

Name of Payee RED HORSE STRATEGIES		Date of Payment 11/17/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>116</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 55 Washington St Ste 702		City Brooklyn	State NY	Zip Code 11201
Purpose of Expend A-WEB	Description INV #3219 DIGITAL ADV			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$1,785.72

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee EDWARD COREY		Date of Payment 11/20/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>117</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 52 Sharon Ave		City Torrington	State CT	Zip Code 06790
Purpose of Expend RMB	Description REIMB STAPLES - OFFICE SUPPLIES			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$29.74

Name of Payee MARC BRADLEY		Date of Payment 11/20/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>119</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 55 Roton Ave .		City Norwalk	State CT	Zip Code 06853
Purpose of Expend RMB	Description REIMB STAPLES - OFFICE SUPPLIES			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$69.09

Name of Payee STAPLES		Date of Payment 11/21/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1201 Kings Hwy		City Fairfield	State CT	Zip Code 06824
Purpose of Expend OFFICE	Description #10 BUSINESS ENVELOPETS			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$11.16

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee MAURA TRACY		Date of Payment 11/24/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>120</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5314 Fairway Dr		City Madison	State WI	Zip Code 53711
Purpose of Expend CNSLT	Description CAMPAIGN DIRECTOR MOVING STIPEND			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$3,000.00

Name of Payee INTUIT QB ONLINE		Date of Payment 11/28/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2700 Coast Ave		City Mountain View	State CA	Zip Code 94043
Purpose of Expend OVHD	Description ONLINE ACCOUNTING SERVICE SUBSCRIPTION			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$7.07

Name of Payee USPS		Date of Payment 11/29/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 357 Commerce Dr		City Fairfield	State CT	Zip Code 06825-9998
Purpose of Expend POST	Description PRIORITY MAIL TO NORWALK (FINANCE DIRECTOR)			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$6.65



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee STAPLES		Date of Payment 11/29/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1201 Kings Hwy		City Fairfield	State CT	Zip Code 06824
Purpose of Expend OFFICE	Description MAILING LABELS (PRINTER) & REAM OF PAPER			Amount  \$32.73
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee MARC BRADLEY		Date of Payment 11/29/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>121</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 55 Roton Ave .		City Norwalk	State CT	Zip Code 06853
Purpose of Expend RMB	Description REIMB FEDEX OFFICE - STAPLES - USPS - DUNKIN DONUTS			Amount  \$367.18
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Google, Inc.		Date of Payment 11/30/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1600 Amphitheatre Pkwy		City Mountain View	State CA	Zip Code 94043
Purpose of Expend BNK	Description GOOGLE *SVCSAPPS d      cc@google.co CA INV#3396777207			Amount  \$95.95
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee LEILA DESIMONE		Date of Payment 11/30/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>122</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 6 Kenilworth Ter		City Greenwich	State CT	Zip Code 06830-4714
Purpose of Expend REF	Description REFUND AGE-RELATED #VSGDY9XE7Z6			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$5.00

Name of Payee MICHELLE MECHANIC		Date of Payment 11/30/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>123</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 6 Blackberry Ln		City Westport	State CT	Zip Code 06880-2711
Purpose of Expend REF	Description REFUND EXCESS CONTRIBUTION RECD #VSGDY9XE804			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$50.00

Name of Payee KAREN MEHRA		Date of Payment 11/30/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>124</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 44 Mayfair Ln		City Greenwich	State CT	Zip Code 06831-3640
Purpose of Expend REF	Description REFUND CONTRIBUTION RECEIVED			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$375.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee NGP VAN, INC.		Date of Payment 12/01/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 392264		City Pittsburgh	State PA	Zip Code 15251-9264
Purpose of Expend OVHD	Description ONLINE SUBSCRIPTION FUNDRAISING DATABASE			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$950.00

Name of Payee MARC BRADLEY		Date of Payment 12/01/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>125</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 55 Roton Ave .		City Norwalk	State CT	Zip Code 06853
Purpose of Expend CNSLT	Description FINANCE DIRECTOR NOV. 2017 CAMPAIGN SERVICES FEE			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$4,000.00

Name of Payee EDWARD COREY		Date of Payment 12/01/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>126</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 52 Sharon Ave		City Torrington	State CT	Zip Code 06790
Purpose of Expend CNSLT	Description POLITICAL COORDINATOR NOV. 2017 CAMPAIGN SERVICES FEE			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$2,700.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee RED HORSE STRATEGIES	Date of Payment 12/01/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>127</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 55 Washington St Ste 702	City Brooklyn	State NY	Zip Code 11201
Purpose of Expend CNSLT	Description INV 3366 NOV CONSULTING	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$1,700.00

Name of Payee DIANA C. SISLER	Date of Payment 12/01/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>128</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 338 Bennett St .	City Fairfield	State CT	Zip Code 06825
Purpose of Expend RMB	Description REIMB MILEAGE	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$88.28

Name of Payee SAGE PAYMENT SOLUTIONS	Date of Payment 12/04/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 12120 Sunset Hills Rd Ste 500	City Reston	State VA	Zip Code 20190
Purpose of Expend BNK	Description MERCHANT CARD PROCESSING FEES	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$614.81

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee INDIA AVENUE		Date of Payment 12/05/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 249 Railroad Ave		City Greenwich	State CT	Zip Code 06830
Purpose of Expend FOOD	Description RESTAURANT CHARGES LUNCHEON FUNDRAISER 12/5/17			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event # 12052017A
				\$126.03

Name of Payee MARC BRADLEY		Date of Payment 12/07/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>129</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 55 Roton Ave .		City Norwalk	State CT	Zip Code 06853
Purpose of Expend RMB	Description REIMB MILEAGE			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$233.26

Name of Payee <del>TWO SEVENTY (270) STRATEGIES</del>		Date of Payment <del>12/08/2017</del>	Method of Payment <input checked="" type="checkbox"/> Check # <u>WB1866765</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <del>626 W Jackson Blvd Ste 600</del>		City <del>Chicago</del>	State <del>IL</del>	Zip Code <del>60661</del>
Purpose of Expend <del>A WEB</del>	Description <del>INV #SI 00571 DEC 2017</del>			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				<del>\$7,000.00</del>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee <b>TWO SEVENTY (270) STRATEGIES</b>		Date of Payment <b>12/08/2017</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>WB1866765</b> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <b>626 W Jackson Blvd Ste 600</b>		City <b>Chicago</b>	State <b>IL</b>	Zip Code <b>60661</b>
Purpose of Expend <b>CNSLT</b>	Description <b>INV #SI-00571 - DEC 2017</b>			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				<b>\$4,770.00</b>

Name of Payee <b>TWO SEVENTY (270) STRATEGIES</b>		Date of Payment <b>12/08/2017</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>WB1866765</b> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <b>626 W Jackson Blvd Ste 600</b>		City <b>Chicago</b>	State <b>IL</b>	Zip Code <b>60661</b>
Purpose of Expend <b>A-WEB</b>	Description <b>SI #00571 - DIGITAL ADS, NOT FB</b>			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				<b>\$619.22</b>

Name of Payee <b>TWO SEVENTY (270) STRATEGIES</b>		Date of Payment <b>12/08/2017</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>WB1866765</b> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <b>626 W Jackson Blvd Ste 600</b>		City <b>Chicago</b>	State <b>IL</b>	Zip Code <b>60661</b>
Purpose of Expend <b>A-WEB</b>	Description <b>SI#00571-DIGITAL ADS-FACEBOOK INV#22969081 (CAN'T BE INPUT AS RMB INTO SECT R, SCREEN REQUIRES LAST &amp; FIRST NAME</b>			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				<b>\$1,610.78</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee KLAUS SAID		Date of Payment 12/11/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 144 Parsonage Rd		City Greenwich	State CT	Zip Code 06830-3943
Purpose of Expend REF	Description Excess Contribution Refund #VSGDY9XDKH5			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$100.00

Name of Payee EDWARD COREY		Date of Payment 12/13/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>130</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 52 Sharon Ave		City Torrington	State CT	Zip Code 06790
Purpose of Expend CNSLT	Description POLITICAL COORDINATOR DEC. 2017 CAMPAIGN SERVICES FEE, PRORATED			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$642.86

Name of Payee USPS		Date of Payment 12/13/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 357 Commerce Dr		City Fairfield	State CT	Zip Code 06825-9998
Purpose of Expend POST	Description POSTAGE STAMPS (2 SHEETS)			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$9.80

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee MAURA TRACY		Date of Payment 12/15/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>131</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5314 Fairway Dr		City Madison	State WI	Zip Code 53711
Purpose of Expend CNSLT	Description CAMPAIGN MANAGER SERVICES FEE, INV #101, DEC 1-15			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$3,650.00

Name of Payee MAURA TRACY		Date of Payment 12/15/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>131</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5314 Fairway Dr		City Madison	State WI	Zip Code 53711
Purpose of Expend RMB	Description REIMB POSTAGE USPS			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$18.85

Name of Payee JOSH DELLAQUILA		Date of Payment 12/15/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>132</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2855 Fairfield Ave # 2F		City Bridgeport	State CT	Zip Code 06605
Purpose of Expend CNSLT	Description 12/8 INV FOR SERVICES 11/28-12/8			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$296.25



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee MIDSTATE PRINTING GROUP, LLC		Date of Payment 12/22/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>133</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1 Bank St Ste 401		City Stamford	State CT	Zip Code 06901
Purpose of Expend OFFICE	Description PRINTING DITA FOR CT LH, 3 BC, ETC. PLUS SHIPPING - NO TAX IN ERROR, SEE ACCRUAL SECTION Q CT DRS			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$767.00

Name of Payee COLIN WALKER		Date of Payment 12/27/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 6 Melwood Ln		City Westport	State CT	Zip Code 06880-2809
Purpose of Expend REF	Description Excess Contribution Refund #VSGDY9XDKJ3			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$100.00

Name of Payee JOSH DELLAQUILA		Date of Payment 12/28/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>134</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2855 Fairfield Ave # 2F		City Bridgeport	State CT	Zip Code 06605
Purpose of Expend CNSLT	Description 12/22 INV CAMPAIGN SERVICES 12/12-22			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$525.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee GILLIAN MORRIS		Date of Payment 12/28/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>135</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 112 S Park St		City San Francisco	State CA	Zip Code 94107
Purpose of Expend RMB	Description REIMB FOOD SFA FR 12/10/17			Amount          \$112.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee JULIANA HESS		Date of Payment 12/28/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>136</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 60 Edgewater Commons Ln		City Westport	State CT	Zip Code 06880
Purpose of Expend RMB	Description REIMB BEV TOTAL WINE FR 11/19/17			Amount          \$117.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee INTUIT QB ONLINE		Date of Payment 12/28/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2700 Coast Ave		City Mountain View	State CA	Zip Code 94043
Purpose of Expend OVHD	Description ONLINE ACCOUNTING SERVICE SUBSCRIPTION			Amount          \$7.07
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

**N. Expenses Paid By Committee**

Name of Payee LAURA FISHMAN		Date of Payment 12/29/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2 Larch Tree Ln		City Westport	State CT	Zip Code 06880-1120
Purpose of Expend REF	Description REFUND EXCESS CONTRIBUTION RECD ONLINE 122817 VSGDY9XDPZ9			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$250.00

Name of Payee STAPLES		Date of Payment 12/31/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1201 Kings Hwy		City Fairfield	State CT	Zip Code 06824
Purpose of Expend OFFICE	Description PRINTER INK CARTRIDGES			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$24.45

**Total of Section N****\$69,121.80**

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

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

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

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

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Dita for CT		January 10 Filing - Amendment	
Q. Expenses Incurred By Committee but Not Paid During this Period			
Name of Creditor MUMBAI TIMES		Date Incurred 11/13/2017	
Street Address 616 Post Rd E		City Westport	State CT
		Zip Code 06880	
Purpose of Expenditure (by code)  FOOD	Description  LUNCHEON FUNDRAISER		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum Q		Expenditure # (if applicable)	Event #  11132017A
			\$85.08
Name of Creditor HAVELI INDIA		Date Incurred 11/26/2017	
Street Address 1300 S Main St		City Middletown	State CT
		Zip Code 06457	
Purpose of Expenditure (by code)  FOOD	Description  FOOD LUNCH BUFFET FR		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum Q		Expenditure # (if applicable)	Event #  11262017A
			\$333.71

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Dita for CT		January 10 Filing - Amendment	
Q. Expenses Incurred By Committee but Not Paid During this Period			
Name of Creditor JULIANA HESS		Date Incurred 11/30/2017	
Street Address 60 Edgewater Commons Ln		City Westport	State      Zip Code CT              06880
Purpose of Expenditure (by code)  CNSLT	Description  CAMPAIGN ADVISORY SERVICES NOV 2017		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and completes Itemization in Addendum Q		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)  Event #    \$2,500.00
Name of Creditor MAURA TRACY		Date Incurred 12/13/2017	
Street Address 5314 Fairway Dr		City Madison	State      Zip Code WI              53711
Purpose of Expenditure (by code)  TRVL	Description  PARKING NYC MEETING (PD 1/2/18)		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and completes Itemization in Addendum Q		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)  Event #  12132017A  \$11.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Dita for CT		January 10 Filing - Amendment	
<b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>			
Name of Creditor <b>SAYEED CHOWDHURY</b>			Date Incurred <b>12/16/2017</b>
Street Address <b>988 State St</b>		City <b>Bridgeport</b>	State   Zip Code <b>CT   06605</b>
Purpose of Expenditure (bv code) <b>RMB</b>	Description		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			<b>12162017A</b>
			<b>\$228.00</b>
Name of Creditor <b>RED HORSE STRATEGIES</b>			Date Incurred <b>12/26/2017</b>
Street Address <b>55 Washington St Ste 702</b>		City <b>Brooklyn</b>	State   Zip Code <b>NY   11201</b>
Purpose of Expenditure (bv code) <b>CNSLT</b>	Description <b>CAMPAIGN CONSULTING SERVICES INV #3377</b>		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			
			<b>\$1,500.00</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Dita for CT		January 10 Filing - Amendment	
Q. Expenses Incurred By Committee but Not Paid During this Period			
Name of Creditor MAURA TRACY		Date Incurred 12/31/2017	
Street Address 5314 Fairway Dr	City Madison	State WI	Zip Code 53711
Purpose of Expenditure (by code)  CNSLT	Description  CAMPAIGN MANAGER SERVICES FEES		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum Q		Expenditure # (if applicable)	Event #
			\$3,850.00
Name of Creditor Google, Inc.		Date Incurred 12/31/2017	
Street Address 1600 Amphitheatre Pkwy	City Mountain View	State CA	Zip Code 94043
Purpose of Expenditure (by code)  BNK	Description  GOOGLE *SVCSAPPS d cc@google.co CA INV #3408412430		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum Q		Expenditure # (if applicable)	Event #
			\$115.66



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

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

Name of Creditor SAGE PAYMENT SOLUTIONS		Date Incurred 12/31/2017	
Street Address 12120 Sunset Hills Rd Ste 500		City Reston	State VA
		Zip Code 20190	
Purpose of Expenditure (by code)  BNK	Description  CREDIT CARD FEES ACCRUED O/S DEPOSITS ON 12/31		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and completes Itemization in Addendum Q		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)  Event #  \$320.67

Name of Creditor DIANA C. SISLER		Date Incurred 12/31/2017	
Street Address 338 Bennett St .		City Fairfield	State CT
		Zip Code 06825	
Purpose of Expenditure (by code)  TRVL	Description  DEC MILEAGE REIMB (PD 1/5/18)		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and completes Itemization in Addendum Q		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)  Event #  \$136.96

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Dita for CT			January 10 Filing - Amendment	
<b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>				
Name of Creditor CT DEPT OF REVENUE SVCS			Date Incurred 12/31/2017	
Street Address PO Box 5030		City Hartford	State CT	Zip Code 06102-5030
Purpose of Expenditure (by code)  Misc *	Description  ACCRUED CT USE TAX ON OUT-OF-STATE PCHS & 1 CT VENDOR DIDN'T CHG TAX, THOUGHT CAMPAIGN EXEMPT			Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q				\$2,363.20
Name of Creditor SAGE PAYMENT SOLUTIONS			Date Incurred 12/31/2017	
Street Address 12120 Sunset Hills Rd Ste 500		City Reston	State VA	Zip Code 20190
Purpose of Expenditure (by code)  BNK	Description  DEC MERCHANT SERVICES CREDIT CARD FEES			Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q				\$996.43
<b>Total of Section Q</b>				<b>\$12,440.71</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

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

Last Name of Worker/Consultant BHARGAVA	First DITA	MI	Date of Payment to Vendor 09/12/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 105 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant

PUTNAM PARTNERS, LLC

Street Address of Vendor  
1100 Vermont Ave NW

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Expenditure  
(by code)  
WEB

Description  
VIDEO PRODUCTION

Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No

Expenditure #  
(if applicable)

Event #

Amount

\$5,000.00

If yes, assign an Expenditure # and completes Itemization in Addendum R

Last Name of Worker/Consultant HESS	First JULIANA	MI	Date of Payment to Vendor 09/26/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 106 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant

COSTCO

Street Address of Vendor  
779 Connecticut Ave

City  
Norwalk

State  
CT

Zip Code  
06854

Purpose of Expenditure  
(by code)  
FOOD

Description  
FOOD & MISC FOR HOME FUNDRAISER

Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No

Expenditure #  
(if applicable)

Event #

Amount

09282017A

\$103.21

If yes, assign an Expenditure # and completes Itemization in Addendum R

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

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

Last Name of Worker/Consultant HESS	First JULIANA	MI	Date of Payment to Vendor 09/26/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 106 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant  
TOTAL WINE & MORE

Street Address of Vendor 380 Main Ave	City Norwalk	State CT	Zip Code 06851
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Purpose of Expenditure (by code) FOOD	Description BEVERAGES HOME FUNDRAISER
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event # 09282017A	Amount \$105.12
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant HESS	First JULIANA	MI	Date of Payment to Vendor 09/26/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 106 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant  
STOP & SHOP

Street Address of Vendor 380 Main St	City Norwalk	State CT	Zip Code 06851
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Purpose of Expenditure (by code) FOOD	Description FOOD HOME FUNDRAISER
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event # 09282017A	Amount \$96.04
If yes, assign an Expenditure # and completes Itemization in Addendum R			

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

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

Last Name of Worker/Consultant <b>BRADLEY</b>	First <b>MARC</b>	MI	Date of Payment to Vendor <b>10/02/2017</b>	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # <b>121</b> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant <b>FEDEX OFFICE</b>
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Street Address of Vendor <b>980 High Ridge Rd</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06905</b>
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Purpose of Expenditure (by code) <b>POST</b>	Description <b>FEDEX</b>
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount <b>\$27.50</b>
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant <b>SISLER</b>	First <b>DIANA</b>	MI <b>C</b>	Date of Payment to Vendor <b>10/31/2017</b>	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # <b>109</b> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant <b>DIANA C SISLER</b>
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Street Address of Vendor <b>PO Box 320156</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
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Purpose of Expenditure (by code) <b>TRVL</b>	Description <b>OCT MILEAGE REIMB</b>
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount <b>\$113.42</b>
If yes, assign an Expenditure # and completes Itemization in Addendum R			

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

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

Last Name of Worker/Consultant <b>BRADLEY</b>	First <b>MARC</b>	MI	Date of Payment to Vendor <b>11/01/2017</b>	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # <b>113</b> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant  
**CHAMPION 29 LLC**

Street Address of Vendor  
**10 E 29th St**

City  
**New York**

State  
**NY**

Zip Code  
**10016**

Purpose of Expenditure (by code)  
**TRVL**

Description  
**PARKING REIMB**

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

**11012017A**

**\$68.00**

Last Name of Worker/Consultant <b>COREY</b>	First <b>EDWARD</b>	MI	Date of Payment to Vendor <b>11/06/2017</b>	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # <b>117</b> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant  
**STAPLES**

Street Address of Vendor  
**2299 Summer St**

City  
**Stamford**

State  
**CT**

Zip Code  
**06905**

Purpose of Expenditure (by code)  
**OFFICE**

Description  
**OFFICE SUPPLIES**

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

**\$29.74**

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

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

Last Name of Worker/Consultant  BRADLEY	First  MARC	MI	Date of Payment to Vendor  11/15/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N:  <input checked="" type="checkbox"/> Check # 119 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant STAPLES
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Street Address of Vendor 1237 E Putnam Ave	City Greenwich	State CT	Zip Code 06878
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Purpose of Expenditure (by code) OFFICE	Description OFFICE SUPPLIES
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Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum R	Expenditure # (if applicable)	Event #	Amount  \$69.09
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Last Name of Worker/Consultant  BRADLEY	First  MARC	MI	Date of Payment to Vendor  11/19/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N:  <input checked="" type="checkbox"/> Check # 121 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant STAPLES
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Street Address of Vendor 420-440 Westport Ave	City Norwalk	State CT	Zip Code 06851
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Purpose of Expenditure (by code) PRNT	Description COPIES/PRINTING THANK YOU LETTERS
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Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum R	Expenditure # (if applicable)	Event #	Amount  \$70.04
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### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

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

Last Name of Worker/Consultant <b>BRADLEY</b>	First <b>MARC</b>	MI	Date of Payment to Vendor <b>11/19/2017</b>	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 121 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant  
**DUNKIN DONUTS**

Street Address of Vendor  
**458 Westport Ave**

City  
**Norwalk**

State  
**CT**

Zip Code  
**06851**

Purpose of Expenditure (by code)  
**FOOD**

Description  
**BEVERAGES HOME FUNDRAISER**

Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes

No

Expenditure # (if applicable)

Event #

Amount

**11192017A**

**\$17.99**

If yes, assign an Expenditure # and completes Itemization in Addendum R

Last Name of Worker/Consultant <b>BRADLEY</b>	First <b>MARC</b>	MI	Date of Payment to Vendor <b>11/22/2017</b>	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 121 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant  
**USPS**

Street Address of Vendor  
**144 Rowayton Ave Ste 1**

City  
**Norwalk**

State  
**CT**

Zip Code  
**06853**

Purpose of Expenditure (by code)  
**POST**

Description  
**POSTAGE**

Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes

No

Expenditure # (if applicable)

Event #

Amount

**\$6.65**

If yes, assign an Expenditure # and completes Itemization in Addendum R



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

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

Last Name of Worker/Consultant BRADLEY	First MARC	MI	Date of Payment to Vendor 11/22/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 121 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant USPS
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Street Address of Vendor 144 Rowayton Ave Ste 1	City Norwalk	State CT	Zip Code 06853
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Purpose of Expenditure (by code) POST	Description POSTAGE STAMPS (PRIMARILY FOR THANK YOU LETTERS)
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$245.00
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant SISLER	First DIANA	MI C	Date of Payment to Vendor 11/30/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 128 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant DIANA SISLER
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Street Address of Vendor 338 Bennett St	City Fairfield	State CT	Zip Code 06825
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Purpose of Expenditure (by code) TRVL	Description NOV MILEAGE REIMB
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$88.28
If yes, assign an Expenditure # and completes Itemization in Addendum R			

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

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

Last Name of Worker/Consultant <b>BRADLEY</b>	First <b>MARC</b>	MI	Date of Payment to Vendor <b>12/03/2017</b>	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # <b>129</b> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant  
**MARC BRADLEY**

Street Address of Vendor <b>55 Roton Ave</b>	City <b>Norwalk</b>	State <b>CT</b>	Zip Code <b>06853</b>
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Purpose of Expenditure (by code) <b>TRVL</b>	Description <b>NOV-DEC MILEAGE REIMB</b>
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount <b>\$233.26</b>
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant <b>TRACY</b>	First <b>MAURA</b>	MI	Date of Payment to Vendor <b>12/04/2017</b>	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # <b>131</b> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant  
**USPS**

Street Address of Vendor <b>16 Washington St</b>	City <b>Norwalk</b>	State <b>CT</b>	Zip Code <b>06854</b>
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Purpose of Expenditure (by code) <b>POST</b>	Description <b>POSTAGE</b>
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount <b>\$18.85</b>
If yes, assign an Expenditure # and completes Itemization in Addendum R			

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

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

Last Name of Worker/Consultant <b>MORRIS</b>	First <b>GILLIAN</b>	MI	Date of Payment to Vendor <b>12/10/2017</b>	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # <b>135</b> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant  
**WHOLE FOODS MARKET**

Street Address of Vendor <b>2001 Market St</b>	City <b>San Francisco</b>	State <b>CA</b>	Zip Code <b>94114</b>
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Purpose of Expenditure (by code) <b>FOOD</b>	Description <b>FOOD FOR HOME FUNDRAISER</b>
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event # <b>12102017A</b>	Amount <b>\$112.00</b>
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant <b>HESS</b>	First <b>JULIANA</b>	MI	Date of Payment to Vendor <b>12/28/2017</b>	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # <b>136</b> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant  
**TOTAL WINE & MORE**

Street Address of Vendor <b>380 Main Ave</b>	City <b>Norwalk</b>	State <b>CT</b>	Zip Code <b>06851</b>
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Purpose of Expenditure (by code) <b>FOOD</b>	Description <b>BEVERAGES HOME FUNDRAISER</b>
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event # <b>11192017A</b>	Amount <b>\$117.00</b>
If yes, assign an Expenditure # and completes Itemization in Addendum R			

**Total of Section R**

**\$6,521.19**

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	January 10 Filing - Amendment

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

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

**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

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

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

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