SEEC FORM 30

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



Electronic Filing

Do Not Mark in This Space For Official Use Only

Page 1 of 189

COVER PAGE

| 1.NAME OF COMMITTEE | | | | | | 2. TYPl | E OF COMMITTEE | | |
|---|-----------------------------|-----------------|------------------|------------------|----------------|-----------|---|--|--|
| Dita for CT | | | | | | _ | Candidate Committee Exploratory Committee | | |
| 3. TREASURER NAME | | | | | | | | | |
| First | | | MI C | Last Sisler | | | Suffix | | |
| Diana | | | | | | | | | |
| 4. TREASURER ADDRESS | | T | | | T _a | | | | |
| Street Address 338 Bennett St | | City Fairfie | eld | | State CT | | Zip Code 06825 | | |
| 5. ELECTION DATE | 6. OFFICE SOUGHT (Co. | omplete or | nly if Candidate | Committee) | | 7. DISTRI | ICT NUMBER (if applicable | | |
| 11/06/2018 | Undetermined | | | | | | | | |
| 8. CANDIDATE NAME (Complete only if C | Candidate or Exploratory Co | ommittee | e) | I | 1 | | 1 | | |
| First Dita | | ١ | MI | Last Bhargava | | | Suffix | | |
| 9. TYPE OF REPORT | | | | | | | | | |
| January 10 Filing - Amendment | | | | | | | | | |
| 10. PERIOD COVERED | | | | | | | | | |
| | Beginning Date | | | Ending Date | | | | | |
| | 10/01/2017 | thru | u | 12/31/2017 | | | | | |
| _11. CERTIFICATION | | | | | | | | | |
| ✓ I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. | | | | | | | | | |
| Electronic Filing | Diana Sisler | | | 04/0 | 8/2018 4: | :33:10PM | | | |
| SIGNATURE | PRINT NAME OF THE | E SIGNF | ĒR | - | CERTIFIED | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| A Person who is found to have knowing to \$25,000, unless a fine of a larger a | • . | | • | | | | of up | | |

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

Page 3 of 189

| | | | | | | 1 age 3 of 103 |
|---|----------|--|----------------|----------------------|--------------|------------------------|
| I. MONETARY RECEIPT | S (Se | ection A-I) | | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | | |
| Dita for CT | | | January | 10 Filing - Amendmer | nt | |
| A. Total Contributions from Small Contributors-Received this Perio | d Ol | NLY | | For Nonpartic \$0.00 | ipating Cand | lidates ONLY |
| B. Itemized Contributions from | n Ind | lividuals | | | | |
| Last Name | First | | | | MI | Contribution ID # |
| FAROOQ | | MOHAMMED | | | | 0296 |
| Residential Street Address | City | | | | State | Zip Code |
| 1620 Morshedi Ct | | Richmond | | | VA | 23238-4048 |
| Principal Occupation | | Name of Employer | | | | |
| ENGINEER | | | ION ENE | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | Is contributor a lob dependent child of | | se, or Yes | Amou | unt of Contribution |
| If yes, indicate which branch or branches of government the contract is with: | | | | x No | | |
| Is this contribution associated with Yes Method of contribution: | Date | Received | Aggregate | Contributions | | |
| an event reported in Section 31? | | | | | | |
| If yes, list Event # Cash Personal Check Money Order Credit/Debit Card | 10/ | 01/2017 | \$100.00 | | | \$100.00 |
| | <u> </u> | | | | <u> </u> | |
| Last Name | First | | | | MI | Contribution ID # |
| NATHAN | | PRAMILA | | | | 0297 |
| Residential Street Address | City | | | | State | Zip Code |
| 204 Cherry St | | Milford | | | СТ | 06460-3555 |
| Principal Occupation | | Name of Employer | | | | |
| PHYSICIAN Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a lob | MPLOYEI | se or | Amor | unt of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No. |) | dependent child of | | Yes Yes | Amot | int of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | | | x _{No} | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate | Contributions | | |
| an event reported in Section J1? | | | 00 0 | | | |
| If yes, list Event # | 10/ | 01/2017 | | \$100.00 | | \$100.00 |
| | | I | | | l | |
| Last Name | First | MIDIAN | | | MI | Contribution ID # |
| SANTOS Residential Street Address | City | MIRIAN | | | Ct-t- | 0298 |
| 42 Lockwood Ave | City | Stamford | | | State CT | Zip Code 06902-4218 |
| Principal Occupation | | Name of Employer | | | Ci | 00902-4218 |
| CLEANING | | SELF E | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | ` | Is contributor a lob | byist, spou | se, or Yes | Amou | unt of Contribution |
| If yes, indicate which branch or branches of | - | dependent child of | a lobbyist? | | | |
| government the contract is with: | | | | x No | | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: Yes | Date | Received | Aggregate | Contributions | | |
| an event reported in Section 31? X No Cash Personal Check | | | | \F0 | | 150.00 |
| If yes, list Event # | 10/ | 01/2017 | | \$50.00 | | \$50.00 |

Page 4 of 189

| I. MONETARY RECEIPT | S (Se | ection A-I) | | | | |
|--|----------|---|---|-------|---------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT | | | | | | |
| Dita for CT January 10 Filing - Amendme | | | | | | |
| B. Itemized Contributions from | m Ind | lividuals | | | | |
| Last Name | First | A 7 A V | | MI | Contribution ID # | |
| BHARGAVA Residential Street Address | City | AJAY | | State | 0269 Zip Code | |
| 106 N Racebrook Rd | City | Woodbridge | | CT | 06525-1445 | |
| Principal Occupation | | Name of Employ | er | 1 | | |
| CHIEF SCIENTIFIC OFFICER | | SHAK | M BIORESEARCH, LLC | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Is contributor a le dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | unt of Contribution | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | |
| Is this contribution associated with X Voc Method of contribution: | Date | Received | Aggregate Contributions | | | |
| all event reported in Section 31? | | | | | | |
| If yes, list Event # 10012017A No Cash Credit/Debit Card | 10/0 | 01/2017 | \$100.00 | | \$100.00 | |
| Last Name | First | | | MI | Contribution ID # | |
| BHARGAVA | | ALOK | | | 0270 | |
| Residential Street Address | City | | | State | Zip Code | |
| 15 Whispering Hollow Ct | | Cheshire | | СТ | 06410-3319 | |
| Principal Occupation | | Name of Employ | er | | | |
| PHYSICIAN | | SELF | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes Yes | o | Is contributor a li dependent child of | obbyist, spouse, or of a lobbyist? | Amou | unt of Contribution | |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | | |
| government the contract is with: | Date | Received | Aggregate Contributions | | | |
| Is this contribution associated with an event reported in Section J1? Wethod of contribution: Method of contribution: X Yes A Personal Check | | | | | | |
| If yes, list Event # 10012017A No Cash No Personal Check Money Order Credit/Debit Card | 10/0 | 01/2017 | \$100.00 | | \$100.00 | |
| Last Name | First | | | MI | Contribution ID # | |
| GUPTA | | PUSHPA | | | 0271 | |
| Residential Street Address | City | | | State | Zip Code | |
| 27 Liberty Dr | <u>L</u> | South Glasto | • | СТ | 06073-2946 | |
| Principal Occupation | | Name of Employ | er | | | |
| La contributa and in the factor of the contributation of the contr | | SELF | -11 | T | | |
| Is contributor a principal of a state contractor or prospective state contractor? | o | dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | unt of Contribution | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | |
| all event reported in Section 31? | | | | | | |
| If yes, list Event # 10012017A No Cash Credit/Debit Card | 10/0 | 01/2017 | \$200.00 | | \$200.00 | |
| Last Name | First | | | MI | Contribution ID # | |
| JAIN | | MALTI | | | 0272 | |
| Residential Street Address | City | | | State | Zip Code | |
| 23 Fellen Rd | L | Storrs | | СТ | 06268-2520 | |
| Principal Occupation | | Name of Employ | | | | |
| NONE Is contributor a principal of a state contractor or prospective state contractor? | | NONE Is contributor a l | -11 | Amou | ant of Contribution | |
| Yes X N | 0 | dependent child of | of a lobbyist? | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | |
| Is this contribution associated with X Voc Method of contribution: | Date | Received | Aggregate Contributions | | | |
| an event reported in Section 11: | | | | | | |
| If yes, list Event # 10012017A | 10/0 | 01/2017 | \$100.00 | 1 | \$100.00 | |

Page 5 of 189

| 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 - Amendmer | nt | | | |
| B. Itemized Contributions from | n Ind | lividuals | | | | | |
| Last Name | First | | | MI | Contribution ID # | | |
| MEHROTRA | | YOGESH | | | 0273 | | |
| Residential Street Address | City | | | State | Zip Code | | |
| 57 Maryanne Dr | | Monroe | | СТ | 06468-3209 | | |
| Principal Occupation VICE PRESIDENT | | Name of Employ MATE | er RIALS TECHNOLOGY CORP. | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or | Amou | unt of Contribution | | |
| If was indicate which branch or branches of | D | dependent child of | <u> </u> | | | | |
| government the contract is with: | | | x _{No} | | | | |
| Is this contribution associated with an event reported in Section J1? X Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | |
| No Cash Personal Check | 10/ | 01/2017 | \$100.00 | | \$100.00 | | |
| If yes, list Event # 10012017A | 10/ | 01/2017 | \$100.00 | | \$100.00 | | |
| Last Name | First | | | MI | Contribution ID # | | |
| NATHAN | | VISWA | | | 0274 | | |
| Residential Street Address | City | | | State | Zip Code | | |
| 40 Grouse Ln | | Woodbridge | | СТ | 06525-1451 | | |
| Principal Occupation | | Name of Employ | er | | | | |
| MEDICAL DOCTOR Is contributor a principal of a state contractor or prospective state contractor? | | SELF | obbyist, spouse, or | Amor | unt of Contribution | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No | o | dependent child of | Vac | Amount of Contribution | | | |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | | | |
| government the contract is with: Is this contribution associated with an event reported in Section 112 X Yes Wethod of contribution: | Date | Received | Aggregate Contributions | | | | |
| an event reported in Section J1? Yes Cash Personal Check | | | | | | | |
| If yes, list Event # 10012017A No Money Order Credit/Debit Card | 10/ | 01/2017 | \$100.00 | | \$100.00 | | |
| | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | |
| NIGAM Residential Street Address | City | CHAITANYA | | State | 0275 Zip Code | | |
| 92 Flagler Ave | City | Cheshire | | CT | 06410-2202 | | |
| Principal Occupation | | Name of Employ | er | 1 9. | 00.10 2202 | | |
| PART-TIME PROFESSOR | | RETIF | RED | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | n | | obbyist, spouse, or Yes | Amou | unt of Contribution | | |
| If yes, indicate which branch or branches of | | dependent child of | or a robbyist? | | | | |
| government the contract is with: Executive Legislative | | p : 1 | X No | | | | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: Yes | Date | Received | Aggregate Contributions | | | | |
| No Cash X Personal Check | 10/ | 01/2017 | \$200.00 | | \$200.00 | | |
| If yes, list Event # 10012017A | - ' | - , - | | | | | |
| Last Name | First | | | MI | Contribution ID # | | |
| SOLAIRAJ | | SRIRAM | | | 0276 | | |
| Residential Street Address | City | | | State | Zip Code | | |
| 5 Sydney Ln | <u> </u> | Cromwell | | СТ | 06416-1134 | | |
| Principal Occupation SR. MANAGER - IT | | Name of Employ | er CTIVE INSURANCE | | | | |
| | | | obbyjet enouge or | Amou | unt of Contribution | | |
| Yes X No | 0 | dependent child of | Vac | | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | | | |
| Is this contribution associated with X Voc Method of contribution: | Date | Received | Aggregate Contributions | 1 | | | |
| all event reported in Section 71? | | | | | | | |
| If yes, list Event # 10012017A No Money Order Credit/Debit Card | 10/ | 01/2017 | \$100.00 | | \$100.00 | | |

Page 6 of 189

| 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 - Amendmer | ıt | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| VAHIDY | | MISBAH | | | 0277 | | | |
| Residential Street Address | City | Cl. I. | | State | Zip Code | | | |
| 12 E Ridge Ct Principal Occupation | L | Cheshire Name of Employ | or . | СТ | 06410-1236 | | | |
| MEDICAL DOCTOR | | SELF | ei | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or Yes | Amor | unt of Contribution | | | |
| If was indicate which branch or branches of | 0 | dependent child of | of a lobbyist? | | | | | |
| government the contract is with: | | | x _{No} | | | | | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: Yes | Date | Received | Aggregate Contributions | | | | | |
| Cash X Personal Check | 10/ | 01/2017 | ¢50.00 | | ¢50.00 | | | |
| If yes, list Event # 10012017A No Money Order Credit/Debit Card | 10/0 | 01/2017 | \$50.00 | | \$50.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| VATTI | | NEETA | | | 0278 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 82 Lansdowne Ln | | Cheshire | | СТ | 06410-1510 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| ATTORNEY | | | NIPIAC LAW SCHOOL | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No | o | Is contributor a li dependent child of | obbyist, spouse, or of a lobbyist? | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of Executive Legislative | | • | x _{No} | | | | | |
| government the contract is with: | Date | Received | Aggregate Contributions | 1 | | | | |
| Is this contribution associated with an event reported in Section J1? | | | | | | | | |
| If yes, list Event # 10012017A No Cash X Personal Check Money Order Credit/Debit Card | 10/0 | 01/2017 | \$50.00 | | \$50.00 | | | |
| If yes, list Event # 10012017A | | | | <u> </u> | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| CHANDRA | | SATISH | | | 0279 | | | |
| Residential Street Address 374 Hilltop Rd | City | 0,,,,,,, | | State CT | Zip Code 06477-1644 | | | |
| Principal Occupation | <u> </u> | Orange Name of Employ | er | CI | 06477-1644 | | | |
| RETIRED | | RETIR | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of | 0 | dependent child of | · | | | | | |
| government the contract is with: | | | x _{No} | | | | | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: Yes | Date | Received | Aggregate Contributions | | | | | |
| No Cash X Personal Check | 10/ | 01/2017 | ±100.00 | | ±100.00 | | | |
| If yes, list Event # 10012017A No Money Order Credit/Debit Card | 10/0 | 01/2017 | \$100.00 | | \$100.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| JADA | | SIVANANDA | | | 0280 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 689 Andrea Ct | | Cheshire | | СТ | 06410 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| PRESIDENT | | | HEAST RESINS & SILICONES | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes No | 0 | Is contributor a le dependent child of | obbyist, spouse, or | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of Executive Legislative | | - " | X No | | | | | |
| government the contract is with: | Date | Received | Aggregate Contributions | <u> </u> | | | | |
| an event reported in Section J1? | | | · · · · · | | | | | |
| If yes, list Event # 10012017A No Cash X Personal Check Money Order Credit/Debit Card | 10/0 | 01/2017 | \$200.00 | | \$200.00 | | | |

Page 7 of 189

| 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 - Amendmen | | | | nt | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| KHAITAN | | ANAND | | | 0281 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 28 Hendrickson Ln | <u> </u> | Unionville Name of Employ | | СТ | 06085-1091 | | | |
| Principal Occupation | | Name of Employ | ei | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | _ | Is contributor a l | obbyist, spouse, or Yes | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of | 0 | dependent child of | of a lobbyist? | | | | | |
| government the contract is with: | | | x _{No} | | | | | |
| Is this contribution associated with an event reported in Section J1? X Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| No Cash X Personal Check | 10/ | 01/2017 | \$100.00 | | \$100.00 | | | |
| If yes, list Event # 10012017A | 10/ | 01/2017 | \$100.00 | | \$100.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| HARJEE | | GULSHAN | | | 0299 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| PO Box 76252 | | Atlanta | | GA | 30358-1252 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| PHYSICIAN Is contributed a minimal of a state contractor or mean active state contractor? | | | obbyist, spouse, or | Amor | unt of Contribution | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes No | o | dependent child of | Vac | Amot | int of Contribution | | | |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | | | | |
| government the contract is with: Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? Yes Cash Personal Check | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 10/ | 02/2017 | \$100.00 | | \$100.00 | | | |
| | l | | | l | | | | |
| Last Name DANNA | First | | | MI | Contribution ID # | | | |
| Residential Street Address | City | JEFF | | State | 0300 Zip Code | | | |
| 1145 New York Dr | City | Altadena | | CA | 91001-3161 | | | |
| Principal Occupation | | Name of Employ | er | ! | | | | |
| MUSIC COMPOSER | | BLACI | K MASK INC | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No | 0 | | obbyist, spouse, or Yes | Amou | ant of Contribution | | | |
| If yes, indicate which branch or branches of | | dependent child of | or a robbyist? | | | | | |
| government the contract is with: Executive Legislative | Б. | D : 1 | X No | | | | | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| X No Cash Personal Check | 10/ | 03/2017 | \$50.00 | | \$50.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | · · | | • | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| MECHANIC | | BARBARA | | | 0301 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 333 Hill Farm Rd | | Fairfield | | СТ | 06824-2131 | | | |
| Principal Occupation NA | | Name of Employ NA | er | | | | | |
| | | | obbyist, spouse, or | Amou | unt of Contribution | | | |
| Yes X No | 0 | dependent child of | of a lobbyist? | | | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | | | | |
| Is this contribution associated with Voc Method of contribution: | Date | Received | Aggregate Contributions | 1 | | | | |
| an event reported in Section 11? | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 10/ | 03/2017 | \$375.00 | | \$375.00 | | | |

Page 8 of 189

| 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 - Amendmen | | | | nt | | | | |
| B. Itemized Contributions from | n Ind | lividuals | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| MECHANIC | | STEVEN | | | 0302 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 333 Hill Farm Rd | <u> </u> | Fairfield | | СТ | 06824-2131 | | | |
| Principal Occupation ATTORNEY | | Name of Employ | er OF NEW YORK | | | | | |
| | | | obbyist, spouse, or | Amou | ant of Contribution | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No | 0 | dependent child of | | | | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | | | | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: Yes | Date | Received | Aggregate Contributions | | | | | |
| X No Cash Personal Check | 10/ | 02/2017 | ¢275.00 | | ¢27E 00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 10/0 | 03/2017 | \$375.00 | | \$375.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| ARLOTTI | | SARA | | | 0303 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 44 Davenport Ave | | Greenwich | | СТ | 06830-7105 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| EXECUTIVE DIRECTOR | | | MMINGBIRD FOUNDATION | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No | o | Is contributor a li dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of Executive Legislative | | • | x _{No} | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | | | | | | | | |
| X No | 10/0 | 03/2017 | \$375.00 | | \$375.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | | | <u> </u> | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| CONLEY | | CHRISTINE | | | 0304 | | | |
| Residential Street Address | City | Custon | | State | Zip Code | | | |
| 90 Crown Knoll Ct Principal Occupation | <u> </u> | Groton Name of Employ | or | СТ | 06340-6280 | | | |
| ATTORNEY | | 1 , | OFFICE OF LORI COMFORTI | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or | Amou | unt of Contribution | | | |
| | О | dependent child of | · · · · · · · · · · · · · · · · · · · | | | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | | | | |
| Is this contribution associated with On except reported in Section 112. Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? X No Cash Personal Check | 100 | 20 (20 4 = | 450.00 | | \F0.00 | | | |
| If yes, list Event # No Money Order X Credit/Debit Card | 10/0 | 03/2017 | \$50.00 | | \$50.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| SINGH | | MANSI | | | 0305 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 105A Old Rd | | Westport | | СТ | 06880-4149 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| ENTREPRENEUR | | | CANVAS LLC | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes No | 0 | Is contributor a li dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | | | | | | | | |
| X No | 10/0 | 05/2017 | \$25.00 | | \$25.00 | | | |

Page 9 of 189

| A MONETA DV DE CENTRO (C. d. A. D. | | | | | | | | | |
|--|--------|---|--|----------|--------------------|--|--|--|--|
| I. MONETARY RECEIPT | S (Se | ection A-I) | 1 | | | | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT | | | | | | | | | |
| Dita for CT January 10 Filing - Amendmen | | | | nt | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| KAGAN | | LEAH | | | 0306 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 141 Vine Rd | | Stamford | | СТ | 06905-2016 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| FUNDRAISER | | PLANI | NED PARENTHOOD OF SOUTI | HERN NEW | ENGLAND | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | nt of Contribution | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | dependent child of | of a lobbyist? | | | | | | |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | | | 86 .6 | | | | | | |
| x No Cash Personal Check | 10/ | 06/2017 | \$100.00 | | \$100.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 10/ | 30,2017 | Ψ100.00 | | φ100.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| DIXON | 1 1130 | COURTNEY | | 1411 | 0307 | | | | |
| Residential Street Address | City | COURTNET | | State | Zip Code | | | | |
| | City | A+1 | | 1 | 1 | | | | |
| 234 E Side Ave SE | | Atlanta | | GA | 30316-1628 | | | | |
| Principal Occupation | | Name of Employ | | | | | | | |
| ARTIST | | WEBM | | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | , | Is contributor a le dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | nt of Contribution | | | | |
| If yes, indicate which branch or branches of | | dependent enna e | <u> </u> | | | | | | |
| government the contract is with: | | | x _{No} | | | | | | |
| Is this contribution associated with Yes Yes | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section 31? | | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 10/0 | 06/2017 | \$50.00 | | \$50.00 | | | | |
| | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| SATCHIT | | VINNY | | | 0308 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 519 8th St Apt 1R | | Brooklyn | | NY | 11215-6909 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| ACCOUNTANT | | ERNS | T AND YOUNG LLP | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or | Amou | nt of Contribution | | | | |
| |) | dependent child of | • | | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section 31? | | | | | | | | | |
| X No Cash Personal Check | 10/0 | 06/2017 | \$375.00 | | \$375.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| BHAT | | ANITA | | | 0309 | | | | |
| Residential Street Address | City | 7.1.12.77 | | State | Zip Code | | | | |
| 1280 Long Ridge Rd | City | Stamford | | CT | 06903-4432 | | | | |
| Principal Occupation | | Name of Employ | or | | 00703 4432 | | | | |
| SELF EMPLOYED | | | EMPLOYED | | | | | | |
| | | | obbyjet energe or | Δmou | nt of Contribution | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No | , | dependent child of | Vac | Amou | o. controution | | | | |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | | | | | |
| government the contract is with: | D-4 | Dagaiyad | | | | | | | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: Yes | Date | Received | Aggregate Contributions | | | | | | |
| X No Cash Personal Check | 100 | 06/2017 | 1050.00 | | +250.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 10/0 | 06/2017 | \$250.00 | | \$250.00 | | | | |

Page 10 of 189

| A MONTH DAY DE GENERAL OF A 1 A 1 A | | | | | | | | |
|--|-------|---|---|-------|--------------------|--|--|--|
| I. MONETARY RECEIPT | S (Se | ection A-I) | 1 | | | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Dita for CT January 10 Filing - Amendmen | | | | | | | | |
| Dita for CT January 10 Filing - Amendmen | | | | | | | | |
| B. Itemized Contributions from | n Ind | lividuals | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| KAIL | | NANCY | | | 0310 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 15 River View Rd | | Westport | | CT | 06880-4924 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| VOLUNTEER | | KAIL | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | , | | obbyist, spouse, or Yes | Amou | nt of Contribution | | | |
| If yes, indicate which branch or branches of | , | dependent child of | of a lobbyist? | | | | | |
| government the contract is with: | | | x _{No} | | | | | |
| Is this contribution associated with Yes Yes | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | | | | | | | | |
| If yes, list Event # Cash Credit/Debit Card | 10/0 | 08/2017 | \$200.00 | ' | \$200.00 | | | |
| in you, in the real of the rea | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| SHROFF BAKSHI | | AMITA | | | 0311 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 1813 Buckhead Valley Ln NE | | Atlanta | | GA | 30324-2796 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| MD | | GMC | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | , | | obbyist, spouse, or Yes | Amou | nt of Contribution | | | |
| If yes, indicate which branch or branches of | | dependent child of | of a foodyist? | | | | | |
| government the contract is with: | | | x _{No} | | | | | |
| Is this contribution associated with Yes Yes | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section 31? | | | | | | | | |
| If yes, list Event # Cash Credit/Debit Card | 10/0 | 08/2017 | \$100.00 | 1 | \$100.00 | | | |
| — V — | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| FENTON | | HEATHER | | | 0312 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 2747 Hawthorne Dr NE | | Atlanta | | GA | 30345-1329 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| RETIRED | | RETIR | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | Is contributor a l dependent child of | obbyist, spouse, or Yes | Amou | nt of Contribution | | | |
| If yes, indicate which branch or branches of | | dependent enna c | * | | | | | |
| government the contract is with: Executive Legislative | | | x _{No} | | | | | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| X No Cash Personal Check | | | | | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 10/0 | 09/2017 | \$300.00 | 1 | \$300.00 | | | |
| | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| KARINSHAK | | ZAHRA | | | 0313 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 2174 Sugar Springs Dr | | Lawrenceville | | GA | 30043-5041 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| LAWYER | | | LIN & HORST LLC | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | Is contributor a le dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | nt of Contribution | | | |
| If yes, indicate which branch or branches of | | sima c | x No | | | | | |
| government the contract is with: Executive Legislative | Б. | D . 1 | | | | | | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| X No Cash Personal Check | 1 | 20/2017 | +200.00 | | +200 00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 10/0 | 09/2017 | \$200.00 | i ' | \$200.00 | | | |

Page 11 of 189

| 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 - Amendmen | | | nt | | | | | |
| B. Itemized Contributions from | n Ind | lividuals | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| MANN | | JOHN | | | 0314 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 1680 Lazy River Ln | | Atlanta | | GA | 30350-3522 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| RETIRED | | RETIR | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No | 0 | Is contributor a l dependent child of | obbyist, spouse, or Yes | Amou | int of Contribution | | | |
| If yes, indicate which branch or branches of Executive Legislative | | dependent enna e | x _{No} | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | 1 | | | | |
| an event reported in Section J1? | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order Cash Personal Check Credit/Debit Card Cash Credit/Debit Card Cash Credit/Debit Card Cash Cash | 10/ | 09/2017 | \$100.00 | | \$50.00 | | | |
| | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| MANN | | JOHN | | <u> </u> | 0315 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 1680 Lazy River Ln | <u> </u> | Atlanta Name of Employ | | GA | 30350-3522 | | | |
| Principal Occupation RETIRED | | RETIR | | | | | | |
| | | | obbyjet enouse or | Amor | unt of Contribution | | | |
| is contributor a principal of a state contractor or prospective state contractor? Yes No. | О | dependent child of | Voc | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x No | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | - | | | | |
| an event reported in Section J1? | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 10/ | 09/2017 | \$100.00 | | \$50.00 | | | |
| | | | | | i | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| JOBIN | a: | ANNIC | | - C | 0316 | | | |
| Residential Street Address | City | Atlanta | | State | Zip Code | | | |
| 2555 Briers North Dr Principal Occupation | <u> </u> | Atlanta Name of Employ | or | GA | 30360-2079 | | | |
| DIRECTOR | | WEBM | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or | Amou | int of Contribution | | | |
| | 0 | dependent child of | Voc | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | 1 | | | | |
| an event reported in Section J1? | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 10/ | 09/2017 | \$100.00 | | \$100.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| EATON | 11130 | STEVE | | | 0282 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 5445 Triangle Pkwy Ste 260 | | Norcross | | GA | 30092-2587 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| | | EBG F | PARTNERS | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | nt of Contribution | | | |
| If yes, indicate which branch or branches of Executive Legislative | | 1 | x No | | | | | |
| government the contract is with. | Date | Received | Aggregate Contributions | - | | | | |
| an event reported in Section J1? | | , | 300 | | | | | |
| If yes, list Event # 10092017A | 10/ | 09/2017 | \$750.00- | | \$375.00 | | | |

Page 12 of 189

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | |
|--|----------------|--|---|--------|------------------------|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | 101 | ction A-1) | TYPE OF REPORT | | | | | |
| Dita for CT | | | January 10 Filing - Amendmen | nt | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| GUPTA | | MEERAN | | | 0283 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 750 Registry Ln | ĺ | Atlanta | | GA | 30342-2865 | | | |
| Principal Occupation | | Name of Employ | er | • | | | | |
| HOMEMAKER | | HOME | MAKER | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | , | | obbyist, spouse, or See Jahlania 2 | Amou | nt of Contribution | | | |
| If yes, indicate which branch or branches of |) | dependent child of | of a lobbyist? | | | | | |
| government the contract is with: | | | x _{No} | | | | | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: Yes | Date | Received | Aggregate Contributions | | | | | |
| Cach X Parcanal Chack | | | | | | | | |
| If yes, list Event # 10092017A No Money Order Credit/Debit Card | 10/0 | 09/2017 | \$150.00 | | \$150.00 | | | |
| | г | | | L v.a. | G (3 (B) | | | |
| Last Name HAMMAM | First | KDICTIN | | MI | Contribution ID # 0284 | | | |
| Residential Street Address | City | KRISTIN | | State | Zip Code | | | |
| 1729 Friar Tuck Rd NE | City | Atlanta | | GA | 30309-2613 | | | |
| Principal Occupation | | Name of Employ | er | I OA | 30309-2013 | | | |
| EDITOR | | WEBM | | | | | | |
| | | | obbyist, spouse, or | Amou | nt of Contribution | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | dependent child of | f a lobbyist? Yes | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | 1 | | | | |
| an event reported in Section 31? | | | | | | | | |
| If yes, list Event # 10092017A No Money Order Credit/Debit Card | 10/0 | 09/2017 | \$100.00 | | \$100.00 | | | |
| 1969, III. Divinia 1969, College Colle | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| NAIK | | LAXMI | | | 0285 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 710 Orchard Pt | | Sandy Spring | | GA | 30350-5549 | | | |
| Principal Occupation PHYSICIAN | | Name of Employ | er | | | | | |
| | | Is contributor a l | obbyist, spouse, or | Amou | nt of Contribution | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | dependent child of | Vac | Amou | nt of Contribution | | | |
| If yes, indicate which branch or branches of Executive Legislative | | | x No | | | | | |
| government the contract is with: Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | 1 | | | | |
| an event reported in Section J1? X Yes Method of contribution: X Personal Check | | | | | | | | |
| No I Casa I statement | 10/0 | 09/2017 | \$250.00 | | \$250.00 | | | |
| If yes, list Event # 10092017A | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| SAWHNEY | | GULSHAN | | | 0286 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 523 Hastings Way | | Jonesboro | | GA | 30238-6497 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| OWNER | | | INEY ASSOCIATES | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | nt of Contribution | | | |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | | | | |
| government the contract is with: | Date | Received | Aggregate Contributions | - | | | | |
| an event reported in Section J1? | Date | | OB-OBARO COMMIDAMONS | | | | | |
| No Cash X Personal Check | 10/0 | 09/2017 | \$100.00 | | \$100.00 | | | |
| If yes, list Event # 10092017A | l É | | • | 1 | | | | |

Page 13 of 189

| I MONETA DV DECEMBER (C. P. A. D. | | | | | | | | |
|--|---------------------------------|--|---|-------------------|--|--|--|--|
| I. MONETARY RECEIPT | S (Se | ection A-I) | I | | | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Dita for CT January 10 Filing - Amendmen | | | | | | | | |
| Dita for CT | ıı | | | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| WALL | | JASON | | | 0287 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 4186 Roswell Rd NE | | Atlanta | | GA | 30342-3761 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| OWNER | | JASOI | N WALL CONSTRUCTION | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | ٠ | | obbyist, spouse, or General Administration Yes | Amou | ant of Contribution | | | |
| If yes, indicate which branch or branches of | 5 | dependent child of | i a loobyist? | | | | | |
| government the contract is with: | | | x _{No} | | | | | |
| Is this contribution associated with A great reported in Section 112 Yes Yes | Date | Received | Aggregate Contributions | | | | | |
| T Cosh Regard Check | | | | | | | | |
| If yes, list Event # 10092017A No Money Order Credit/Debit Card | 10/0 | 09/2017 | \$300.00 | | \$300.00 | | | |
| in yes, his Event in 10052017A | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| EATON | | STEVE | | | 0282 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 5445 Triangle Pkwy Ste 260 | | Norcross | | GA | 30092-2587 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| Managing Director | | EDG | PARTNERS | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | | obbyist, spouse, or Galakharieta | Amou | ant of Contribution | | | |
| If yes, indicate which branch or branches of | 5 | dependent child of | f a lobbyist? | | | | | |
| government the contract is with: | | | x _{No} | | | | | |
| Is this contribution associated with A great reported in Section 112 Yes Wethod of contribution: | Date | Received | Aggregate Contributions | | | | | |
| | | | | | | | | |
| X Parsonal Chark | | | | | | | | |
| No Cash Record Check | 10/ | 09/2017 | \$375.00 | : | \$375.00 | | | |
| X Parsonal Chark | 10/ | 09/2017 | \$375.00 | ! | \$375.00 | | | |
| No Cash Record Check | 10 / | 09/2017 | \$375.00 | MI | \$375.00 Contribution ID # | | | |
| If yes, list Event # 10092017A | | 709/2017 ROBERT | \$375.00 | | | | | |
| If yes, list Event # 10092017A | | | \$375.00 | | Contribution ID # | | | |
| If yes, list Event # 10092017A | First | | \$375.00 | MI | Contribution ID # 0317 | | | |
| If yes, list Event # 10092017A | First | ROBERT | | MI State | Contribution ID # 0317 Zip Code | | | |
| Last Name PHOENIX Residential Street Address 302 Old Canterbury Tpke | First | ROBERT | er | MI State | Contribution ID # 0317 Zip Code | | | |
| Last Name PHOENIX Residential Street Address 302 Old Canterbury Tpke Principal Occupation RETIRED | First | ROBERT Norwich Name of Employ RETIR Is contributor a l | er ED obbyist, spouse, or | MI State CT | Contribution ID # 0317 Zip Code | | | |
| Last Name PHOENIX Residential Street Address 302 Old Canterbury Tpke Principal Occupation RETIRED Is contributor a principal of a state contractor or prospective state contractor? Cash X Personal Check Credit/Debit Card | First | ROBERT Norwich Name of Employ RETIF | er LED bbbyist, spouse, or | MI State CT | Contribution ID # 0317 Zip Code 06360-1358 | | | |
| Last Name PHOENIX Residential Street Address 302 Old Canterbury Tpke Principal Occupation RETIRED | First | ROBERT Norwich Name of Employ RETIR Is contributor a l | er ED obbyist, spouse, or | MI State CT | Contribution ID # 0317 Zip Code 06360-1358 | | | |
| Last Name PHOENIX Residential Street Address 302 Old Canterbury Tpke Principal Occupation 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: Is this contribution associated with Cash Money Order Credit/Debit Card A Personal Check Credit/Debit Card A Personal Check Principal Cash Money Order Credit/Debit Card A Personal Check | First | ROBERT Norwich Name of Employ RETIR Is contributor a l | er LED bbbyist, spouse, or | MI State CT | Contribution ID # 0317 Zip Code 06360-1358 | | | |
| Last Name PHOENIX Residential Street Address 302 Old Canterbury Tpke Principal Occupation 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: Is this contribution associated with an event reported in Section J1? Cash No Cash No Credit/Debit Card Yes No Credit/Debit Card Residential Street Address 302 Old Canterbury Tpke Principal Occupation RETIRED Is contributor a principal of a state contractor or prospective state contractor? Yes Method of contribution: | First | ROBERT Norwich Name of Employ RETIR Is contributor a l dependent child of | er LED Subbyist, spouse, or f a lobbyist? X No | MI State CT | Contribution ID # 0317 Zip Code 06360-1358 | | | |
| Last Name PHOENIX Residential Street Address 302 Old Canterbury Tpke Principal Occupation 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: Is this contribution associated with an event reported in Section J1? Cash X Personal Check Personal Check X Personal Check Personal Check X Personal Check Personal | First City Date | ROBERT Norwich Name of Employ RETIR Is contributor a l dependent child of | er LED Subbyist, spouse, or f a lobbyist? X No | MI State CT | Contribution ID # 0317 Zip Code 06360-1358 | | | |
| Last Name PHOENIX Residential Street Address 302 Old Canterbury Tpke Principal Occupation 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: Is this contribution associated with an event reported in Section J1? Cash No Cash No Credit/Debit Card Yes No Credit/Debit Card Residential Street Address 302 Old Canterbury Tpke Principal Occupation RETIRED Is contributor a principal of a state contractor or prospective state contractor? Yes Method of contribution: | First City Date | ROBERT Norwich Name of Employ RETIF Is contributor a l dependent child of | er ED obbyist, spouse, or f a lobbyist? X No Aggregate Contributions | MI State CT | Contribution ID # 0317 Zip Code 06360-1358 unt of Contribution | | | |
| Last Name PHOENIX Residential Street Address 302 Old Canterbury Tpke Principal Occupation 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: Is this contribution associated with an event reported in Section J1? Cash X Personal Check Personal Check X Personal Check Personal Check X Personal Check Personal | First City Date | ROBERT Norwich Name of Employ RETIF Is contributor a l dependent child of | er ED obbyist, spouse, or f a lobbyist? X No Aggregate Contributions | MI State CT | Contribution ID # 0317 Zip Code 06360-1358 unt of Contribution | | | |
| Last Name PHOENIX Residential Street Address 302 Old Canterbury Tpke Principal Occupation 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: Is this contribution associated with an event reported in Section J1? If yes, list Event # Cash X Personal Check Credit/Debit Card | First City Date | ROBERT Norwich Name of Employ RETIF Is contributor a l dependent child of | er ED obbyist, spouse, or f a lobbyist? X No Aggregate Contributions | MI State CT Amou | Contribution ID # 0317 Zip Code 06360-1358 int of Contribution \$25.00 | | | |
| Last Name PHOENIX Residential Street Address 302 Old Canterbury Tpke Principal Occupation 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: Is this contribution associated with an event reported in Section J1? Last Name Cash No Residential Street Address 302 Old Canterbury Tpke Principal Occupation RETIRED Is contributor a principal of a state contractor or prospective state contractor? Yes No Method of contribution: Adaptive Personal Check If yes, list Event # Last Name | First City Date | ROBERT Norwich Name of Employ RETIF Is contributor a l dependent child of the contributor of the contrib | er ED obbyist, spouse, or f a lobbyist? X No Aggregate Contributions | MI State CT Amou | Contribution ID # 0317 Zip Code 06360-1358 ant of Contribution \$25.00 Contribution ID # | | | |
| Last Name PHOENIX Residential Street Address 302 Old Canterbury Tpke Principal Occupation 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: Is this contribution associated with an event reported in Section J1? Last Name BHAT | First City Date 10/: | ROBERT Norwich Name of Employ RETIF Is contributor a l dependent child of the contributor of the contrib | er ED obbyist, spouse, or f a lobbyist? X No Aggregate Contributions | MI State CT Amou | Contribution ID # 0317 Zip Code 06360-1358 unt of Contribution \$25.00 Contribution ID # 0318 | | | |
| Last Name PHOENIX Residential Street Address 302 Old Canterbury Tpke Principal Occupation RETIRED Is contributor a principal of a state contractor or prospective state contractor? | First City Date 10/: | ROBERT Norwich Name of Employ RETIF Is contributor a l dependent child of Received 10/2017 | er ED bbbyist, spouse, or f a lobbyist? Yes X No Aggregate Contributions \$25.00 | MI State CT Amou | Contribution ID # 0317 Zip Code 06360-1358 ant of Contribution \$25.00 Contribution ID # 0318 Zip Code | | | |
| If yes, list Event # 10092017A Last Name PHOENIX Residential Street Address 302 Old Canterbury Tpke Principal Occupation RETIRED Is contributor a principal of a state contractor or prospective state contractor? | First City Date 10/: | ROBERT Norwich Name of Employ RETIF Is contributor a I dependent child of the contributor of the contrib | er ED bbbyist, spouse, or f a lobbyist? Yes X No Aggregate Contributions \$25.00 | MI State CT Amou | Contribution ID # 0317 Zip Code 06360-1358 ant of Contribution \$25.00 Contribution ID # 0318 Zip Code | | | |
| If yes, list Event # 10092017A | First City Date 10/: City | ROBERT Norwich Name of Employ RETIF Is contributor a l dependent child of Received 10/2017 JAYDEEP Atlanta Name of Employ KAISE Is contributor a l | er ED Obbyist, spouse, or f a lobbyist? Yes X No Aggregate Contributions \$25.00 er ER PERMANENTE Obbyist, spouse, or Vacantic State Stat | MI State CT Amou | Contribution ID # 0317 Zip Code 06360-1358 ant of Contribution \$25.00 Contribution ID # 0318 Zip Code | | | |
| Last Name PHOENIX Residential Street Address 302 Old Canterbury Tpke Principal Occupation RETIRED Is contributor a principal of a state contractor or prospective state contractor? Is this contribution associated with an event reported in Section J1? Last Name BHAT Residential Street Address 815 Hillpine Dr NE Principal Occupation PHYSICIAN Is contributor a principal of a state contractor or prospective state contractor? Yes X No Cash Personal Check Credit/Debit Card | First City Date 10/: City | ROBERT Norwich Name of Employ RETIF Is contributor a l dependent child of Received 10/2017 JAYDEEP Atlanta Name of Employ KAISE | er ED obbyist, spouse, or f a lobbyist? Yes X No Aggregate Contributions \$25.00 er ER PERMANENTE obbyist, spouse, or f a lobbyist? Yes | MI State CT Amou | Contribution ID # 0317 Zip Code 06360-1358 ant of Contribution \$25.00 Contribution ID # 0318 Zip Code 30306-3266 | | | |
| If yes, list Event # 10092017A | First City Date 10/: City | ROBERT Norwich Name of Employ RETIF Is contributor a l dependent child of Received 10/2017 JAYDEEP Atlanta Name of Employ KAISE Is contributor a l | er ED Obbyist, spouse, or f a lobbyist? Yes X No Aggregate Contributions \$25.00 er ER PERMANENTE Obbyist, spouse, or Vacantic State Stat | MI State CT Amou | Contribution ID # 0317 Zip Code 06360-1358 ant of Contribution \$25.00 Contribution ID # 0318 Zip Code 30306-3266 | | | |
| Last Name PHOENIX Residential Street Address 302 Old Canterbury Tpke Principal Occupation 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: Last Name BHAT Residential Street Address 815 Hillpine Dr NE Principal Occupation Residential Street Address BIS contributor a principal of a state contractor or prospective state contractor? | First City Date 10/:: City | ROBERT Norwich Name of Employ RETIF Is contributor a l dependent child of Received 10/2017 JAYDEEP Atlanta Name of Employ KAISE Is contributor a l | er ED obbyist, spouse, or f a lobbyist? Yes X No Aggregate Contributions \$25.00 er ER PERMANENTE obbyist, spouse, or f a lobbyist? Yes | MI State CT Amou | Contribution ID # 0317 Zip Code 06360-1358 ant of Contribution \$25.00 Contribution ID # 0318 Zip Code 30306-3266 | | | |
| If yes, list Event # 10092017A | First City Date 10/: City Date | ROBERT Norwich Name of Employ RETIR Is contributor a l dependent child of Received 10/2017 JAYDEEP Atlanta Name of Employ KAISE Is contributor a l dependent child of | er ED bbbyist, spouse, or f a lobbyist? X No Aggregate Contributions \$25.00 er R PERMANENTE bbbyist, spouse, or f a lobbyist? Yes X No | MI State CT Amou | Contribution ID # 0317 Zip Code 06360-1358 ant of Contribution \$25.00 Contribution ID # 0318 Zip Code 30306-3266 | | | |

Page 14 of 189

| I. MONETARY RECEIPT | S (Se | ection A-I) | 1 | | | | | | |
|--|-------|--|--|--------|---------------------|--|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Data for CT January 10 Filing - Amendmen | | | | | | | | | |
| Dita for CT | | | | | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| BHARGAVA | | YOG AND BH | ARAT | | 0319 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 1070 Dougal Ct | ļ., | Great Falls Name of Employe | | VA | 22066-1707 | | | | |
| Principal Occupation CEO | | | WORLD INC. | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | o | Is contributor a le dependent child o | obbyist, spouse, or fa lobbyist? Yes | Amou | unt of Contribution | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| If yes, list Event # Cash Credit/Debit Card | 10/ | 10/2017 | \$200.00 | | \$200.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| AGRAWAL | | GITA | | | 0320 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 22 Hampden Cir | | Simsbury | | СТ | 06070-1265 | | | | |
| Principal Occupation | | Name of Employe | er | | | | | | |
| INFORMATION MANAGEMENT | | RETIR | | 1 | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes Yes | o | Is contributor a lo dependent child o | obbyist, spouse, or fa lobbyist? Yes | Amou | unt of Contribution | | | | |
| If yes, indicate which branch or branches of government the contract is with: | | aepenaent enna o | x No | | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? Yes Cash Personal Check | 10/ | 10/2017 | \$100.00 | | \$100.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | | • | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| SERVEDIO | | JENNIFER | | | 0321 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 81 Sawmill Ln | | Greenwich | | СТ | 06830-4027 | | | | |
| Principal Occupation | | Name of Employe | | | | | | | |
| INTERIOR DECORATOR Is contributor a principal of a state contractor or prospective state contractor? | | | DERNOSE DESIGN & IDEAS Obbyist, spouse, or | Amou | unt of Contribution | | | | |
| Yes 🔼 N | o | dependent child o | Vac | Alliot | int of Contribution | | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | | | | | |
| Is this contribution associated with an event reported in Section J1? | Date | Received | Aggregate Contributions | | | | | | |
| X No Cash Personal Check | 101 | 44/2047 | +100.00 | | +100.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 10/ | 11/2017 | \$100.00 | | \$100.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| PELLETIER | | DANIELLE | | | 0322 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 1901 Half Moon Bay Dr | | Croton On Hu | | NY | 10520-3123 | | | | |
| Principal Occupation | | Name of Employe | | | | | | | |
| NOT EMPLOYED Is contributor a principal of a state contractor or prospective state contractor? | | | MPLOYED obbyist, spouse, or | Amou | unt of Contribution | | | | |
| Yes X N | 0 | dependent child o | f a lobbyist? | | | | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x No | | | | | | |
| Is this contribution associated with Voc Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section 31? | | | | | | | | | |
| If yes, list Event # Cash Cash Personal Check If yes, list Event # X | 10/ | 11/2017 | \$375.00 | | \$5.00 | | | | |

Page 15 of 189

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | |
|--|---------------|--|---|-------|------------------------|--|--|--|--|
| | 5 (5 (| ection A-1) | TWDE OF DEDORT | | | | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Dita for CT January 10 Filing - Amendmen | | | | | | | | | |
| Dita for CT | | | | | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| PELLETIER | | DANIELLE | | | 0323 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 1901 Half Moon Bay Dr | | Croton On H | udson | NY | 10520-3123 | | | | |
| Principal Occupation | | Name of Employ | er | • | • | | | | |
| NOT EMPLOYED | | NOT E | EMPLOYED | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | ant of Contribution | | | | |
| |) | dependent child of | of a lobbyist? | | | | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | 1 | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| If yes. list Event # Cash Personal Check Money Order Cash Personal Check Credit/Debit Card | 10/ | 11/2017 | \$375.00 | | \$370.00 | | | | |
| If yes, list Event # | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| KIRK | | DONALD | | | 0289 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 40 Rockwood Ln | | Greenwich | | СТ | 06830-3844 | | | | |
| Principal Occupation | | Name of Employ | er | | Į. | | | | |
| RETIRED | | RETIF | RED | | | | | | |
| | | | abbyist spanse or | Amou | ınt of Contribution | | | | |
| is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | dependent child of | Voc | | | | | | |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | Date | Received | Aggregate Contributions | | | | | | |
| X No Cash X Personal Check | 10/ | 12/2017 | \$375.00 | | \$375.00 | | | | |
| If yes, list Event # Money Order Credit/Debit Card | 10/ | 12/2017 | \$373.00 | | \$373.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| KIRK | FIISt | MADV | | IVII | 0290 | | | | |
| | City | MARY | | Ct-t- | | | | | |
| Residential Street Address | City | Coop a serviciale | | State | Zip Code 06830-3844 | | | | |
| 40 Rockwood Ln | | Greenwich | | СТ | 06830-3844 | | | | |
| Principal Occupation | | Name of Employ | | | | | | | |
| HOMEMAKER | | | EMAKER | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | ant of Contribution | | | | |
| If yes, indicate which branch or branches of | | 1 | x _{No} | | | | | | |
| government the contract is with: | Б. | D : 1 | | | | | | | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: Yes | Date | Received | Aggregate Contributions | | | | | | |
| X No Cash X Personal Check | 10/ | 12/2017 | +275.00 | | +275.00 | | | | |
| If yes, list Event # Money Order Credit/Debit Card | 10/ | 12/2017 | \$375.00 | | \$375.00 | | | | |
| | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| FITZPATRICK | | THOMAS | | | 0324 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 33 Lockwood Rd | | Riverside | | СТ | 06878-1823 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| FINANCE | | CITI | | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? | Amou | unt of Contribution | | | | |
| If yes, indicate which branch or branches of | | sependent ennu (| · | | | | | | |
| government the contract is with: | | | x _{No} | | | | | | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| _ | | | | | | | | | |
| If yes, list Event # Cash Credit/Debit Card | 10/ | 13/2017 | \$350.00 | | \$350.00 | | | | |

Page 16 of 189

| I MONETA DV DE CENTRO (C. C. A. D. | | | | | | | | |
|--|-------|--------------------|---|-------|--------------------|--|--|--|
| I. MONETARY RECEIPT | S (S | ection A-I) | I | | | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT | | | | | | | | |
| Dita for CT January 10 Filing - Amendmen | | | | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| PERLOE | | JONATHAN | | | 0325 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 71 Valleywood Rd | | Cos Cob | | СТ | 06807-2318 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| LEGISLATIVE ADVOCACY | | CT AG | GAINST GUN VIOLENCE | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | nt of Contribution | | | |
| | 0 | dependent child of | of a lobbyist? | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | | | | | | | | |
| X No Cash Personal Check | 10/ | 13/2017 | \$25.00 | | \$25.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | • | | | · | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| BHARGAVA | | ALKA | | | 0326 | | | |
| Residential Street Address | City | ALIVA | | State | Zip Code | | | |
| 393 Charles Dr | City | Cheshire | | CT | 06410-2903 | | | |
| Principal Occupation | | Name of Employ | or. | Ci | 00410-2903 | | | |
| | | | | | | | | |
| CYBER SECURITY CONSULTANT | | NTT C | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No | o | dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | nt of Contribution | | | |
| If yes, indicate which branch or branches of | | | | | | | | |
| government the contract is with: Executive Legislative | | | | | | | | |
| Is this contribution associated with an event reported in Section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? Cash Personal Check | | | | | | | | |
| If yes, list Event # Cash Credit/Debit Card | 10/ | 14/2017 | \$108.00 | | \$108.00 | | | |
| | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| DURYEA | | TINA | | | 0327 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 6 Deane Ct | | Norwalk | | CT | 06853-1005 | | | |
| Principal Occupation | | Name of Employ | er | - | | | | |
| ARTIST | | SELF | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or Yes | Amou | nt of Contribution | | | |
| | 3 | dependent child of | a lobbyist: | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | 1 | | | | |
| an event reported in Section J1? | | | | | | | | |
| If yes list Event # Cash Personal Check Money Order X Credit/Debit Card | 10/ | 15/2017 | \$50.00 | | \$50.00 | | | |
| If yes, list Event # | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| BHARGAVA | | VISHAKH | | | 0328 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 241 Alexandria Way | | Basking Ridg | e | NJ | 07920-2775 | | | |
| Principal Occupation | | Name of Employ | | | 0,320 2,70 | | | |
| MANAGER | | VERIZ | | | | | | |
| | | | obbyict chause or | Amou | nt of Contribution | | | |
| is contributor a principal of a state contractor or prospective state contractor? Yes No | 0 | dependent child of | Vac | | | | | |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | | | | |
| government the contract is with: Is this contribution associated with Method of contribution: | Doto | Received | Aggregate Contributions | ŀ | | | | |
| an event reported in Section J1? | Date | Received | Aggregate Contributions | | | | | |
| X No Cash Personal Check | 10. | 15/2017 | +101.00 | | ±101 00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 10/ | 15/2017 | \$101.00 | | \$101.00 | | | |

Page 17 of 189

| Y MONTH DV DEGENE | a (a | | | | |
|--|--|--|---|----------------|--|
| I. MONETARY RECEIPT | S (Se | ection A-I) | 1 | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | |
| Dita for CT January 10 Filing - Amendment | | | | | |
| B. Itemized Contributions from | n Ind | ividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| MUJTABA | | ZULEKHA | | | 0293 |
| Residential Street Address | City | | | State | Zip Code |
| 381 Timberlane Dr | | Orange | | CT | 06477-2844 |
| Principal Occupation | | Name of Employ | er | ļ· | |
| Timepai occupation | | rume or Employ | • | | |
| Is contributor a principal of a ctata contractor or prospective ctata contractor? | | Is contributor a l | obbyist, spouse, or | Amou | nt of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? Yes Yes |) | dependent child o | Voc | Alliou | int of Contribution |
| If yes, indicate which branch or branches of | | | | | |
| government the contract is with: | | | | | |
| Is this contribution associated with Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section J1? Cash Personal Check | | | | | |
| If yes, list Event # Cash Personal Check X No X Money Order Credit/Debit Card | 10/ | 15/2017 | \$50.00- | | \$25.00- |
| in yes, list Event # | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| MUJTABA | | ZULEKHA | | | 0293 |
| Residential Street Address | City | | | State | Zip Code |
| 381 Timberlane Dr | - , | Orange | | ст | 06477-2844 |
| | Ь | Name of Employ | | <u> </u> | 00477-2044 |
| Principal Occupation | | | | | |
| Retired | | Retir | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | , | | obbyist, spouse, or for lobbyist? Yes | Amou | nt of Contribution |
| If yes, indicate which branch or branches of | | dependent child of | | | |
| government the contract is with: | | | x No | | |
| Is this contribution associated with Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| on arount remarked in Castian II2 | | | | | |
| an event reported in Section J1? | | | | | |
| X No Cash Personal Check | 10/ | 15/2017 | \$25.00 | | \$25.00 |
| Cash Personal Check | 10/ | 15/2017 | \$25.00 | | \$25.00 |
| If yes, list Event # Cash Personal Check X No X Money Order Credit/Debit Card | | 15/2017 | \$25.00 | МІ | |
| If yes, list Event # | 10/ First | | \$25.00 | MI | Contribution ID # |
| If yes, list Event # | First | 15/2017 PUSHPA | \$25.00 | | Contribution ID # |
| Last Name CHANDALIA Residential Street Address Last Name CHANDALIA Residential Street Address | | PUSHPA | \$25.00 | State | Contribution ID # 0288 Zip Code |
| Last Name CHANDALIA Residential Street Address 18 Hamilton Ct | First | PUSHPA Fairfield | | | Contribution ID # |
| Last Name CHANDALIA Residential Street Address 18 Hamilton Ct Principal Occupation | First | PUSHPA Fairfield Name of Employ | 5t. | State | Contribution ID # 0288 Zip Code |
| Last Name CHANDALIA Residential Street Address 18 Hamilton Ct | First | PUSHPA Fairfield | 5t. | State | Contribution ID # 0288 Zip Code |
| Last Name CHANDALIA Residential Street Address 18 Hamilton Ct Principal Occupation Retired | First | PUSHPA Fairfield Name of Employ Retir Is contributor a l | er ed obbyist, spouse, or | State CT | Contribution ID # 0288 Zip Code |
| Last Name CHANDALIA Residential Street Address 18 Hamilton Ct Principal Occupation Retired Is contributor a principal of a state contractor or prospective state contractor? | First | PUSHPA Fairfield Name of Employ Retir | er ed bbbyist, spouse, or | State CT | Contribution ID # 0288 Zip Code 06824-7831 |
| Last Name CHANDALIA Residential Street Address 18 Hamilton Ct Principal Occupation Retired Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of | First | PUSHPA Fairfield Name of Employ Retir Is contributor a l | er ed obbyist, spouse, or | State CT | Contribution ID # 0288 Zip Code 06824-7831 |
| Last Name CHANDALIA Residential Street Address 18 Hamilton Ct Principal Occupation 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: Is this contribution associated with Method of contribution: | First | PUSHPA Fairfield Name of Employ Retir Is contributor a l | er ed bbbyist, spouse, or | State CT | Contribution ID # 0288 Zip Code 06824-7831 |
| Last Name CHANDALIA Residential Street Address 18 Hamilton Ct Principal Occupation 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: Is this contribution associated with an event reported in Section J1? Last Name CHANDALIA Residential Street Address 18 Hamilton Ct Principal Occupation Retired Is contributor a principal of a state contractor or prospective state contractor? Yes Method of contribution: Method of contribution: | First | PUSHPA Fairfield Name of Employ Retir Is contributor a l dependent child of | er ed bbbyist, spouse, or f a lobbyist? Yes X No | State CT | Contribution ID # 0288 Zip Code 06824-7831 |
| Last Name CHANDALIA Residential Street Address 18 Hamilton Ct Principal Occupation 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: Is this contribution associated with an event reported in Section J1? X No Cash Personal Check Retired Legislative Personal Check Redit/Debit Card Personal Check Redit/Debit Card Legislative | First City Date | PUSHPA Fairfield Name of Employ Retir Is contributor a l dependent child of | er ed obbyist, spouse, or f a lobbyist? X No Aggregate Contributions | State CT Amou | Contribution ID # 0288 Zip Code 06824-7831 nt of Contribution |
| Last Name CHANDALIA Residential Street Address 18 Hamilton Ct Principal Occupation 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: Is this contribution associated with an event reported in Section J1? Last Name CHANDALIA Residential Street Address 18 Hamilton Ct Principal Occupation Retired Is contributor a principal of a state contractor or prospective state contractor? Yes Method of contribution: Method of contribution: | First City Date | PUSHPA Fairfield Name of Employ Retir Is contributor a l dependent child of | er ed bbbyist, spouse, or f a lobbyist? Yes X No | State CT Amou | Contribution ID # 0288 Zip Code 06824-7831 |
| Last Name CHANDALIA Residential Street Address 18 Hamilton Ct Principal Occupation 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: Is this contribution associated with an event reported in Section J1? If yes, list Event # Cash Personal Check Presonal Check No. Personal Check Personal Check Personal Check Personal Check No. Personal Check Persona | First City Date 10/ | PUSHPA Fairfield Name of Employ Retir Is contributor a l dependent child of | er ed obbyist, spouse, or f a lobbyist? X No Aggregate Contributions | State CT Amou | Contribution ID # 0288 Zip Code 06824-7831 nt of Contribution |
| Last Name CHANDALIA Residential Street Address 18 Hamilton Ct Principal Occupation Retired Is contributor a principal of a state contractor or prospective state contractor? | First City Date | PUSHPA Fairfield Name of Employ Retir Is contributor a l dependent child of Received 16/2017 | er ed obbyist, spouse, or f a lobbyist? X No Aggregate Contributions | State CT Amou | Contribution ID # 0288 Zip Code 06824-7831 nt of Contribution \$100.00 |
| Last Name CHANDALIA Residential Street Address 18 Hamilton Ct Principal Occupation Retired Is contributor a principal of a state contractor or prospective state contractor? | First City Date 10/ | PUSHPA Fairfield Name of Employ Retir Is contributor a l dependent child of | er ed obbyist, spouse, or f a lobbyist? X No Aggregate Contributions | State CT Amou | Contribution ID # 0288 Zip Code 06824-7831 Int of Contribution \$100.00 Contribution ID # 0291 |
| Last Name CHANDALIA Residential Street Address 18 Hamilton Ct Principal Occupation 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: Is this contribution associated with an event reported in Section J1? Last Name SHENOY Residential Street Address | First City Date 10/ | PUSHPA Fairfield Name of Employ Retir Is contributor a l dependent child of the contributor of the contr | er ed bbbyist, spouse, or f a lobbyist? X No Aggregate Contributions \$100.00 | State CT Amou | Contribution ID # 0288 Zip Code 06824-7831 Int of Contribution Contribution ID # 0291 Zip Code |
| Last Name CHANDALIA Residential Street Address 18 Hamilton Ct Principal Occupation 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: Is this contribution associated with an event reported in Section J1? Last Name SHENOY Residential Street Address 98 Hedgehog Ln | First City Date 10/ | PUSHPA Fairfield Name of Employ Retir Is contributor a l dependent child of Received 16/2017 | er ed bbbyist, spouse, or f a lobbyist? X No Aggregate Contributions \$100.00 | State CT Amou | Contribution ID # 0288 Zip Code 06824-7831 Int of Contribution \$100.00 Contribution ID # 0291 |
| Last Name CHANDALIA Residential Street Address 18 Hamilton Ct Principal Occupation 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: Is this contribution associated with an event reported in Section J1? Last Name SHENOY Residential Street Address | First City Date 10/ | PUSHPA Fairfield Name of Employ Retir Is contributor a l dependent child of the contributor of the contr | er ed obbyist, spouse, or f a lobbyist? X No Aggregate Contributions \$100.00 | State CT Amou | Contribution ID # 0288 Zip Code 06824-7831 Int of Contribution Contribution ID # 0291 Zip Code |
| Last Name CHANDALIA Residential Street Address 18 Hamilton Ct Principal Occupation 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: Is this contribution associated with an event reported in Section J1? Last Name SHENOY Residential Street Address 98 Hedgehog Ln | First City Date 10/ | PUSHPA Fairfield Name of Employ Retir Is contributor a l dependent child of Received 16/2017 DIVAKAR West Simsbu | er ed obbyist, spouse, or f a lobbyist? | State CT Amou | Contribution ID # 0288 Zip Code 06824-7831 Int of Contribution Contribution ID # 0291 Zip Code |
| Last Name CHANDALIA Residential Street Address 18 Hamilton Ct Principal Occupation Retired Is contributor a principal of a state contractor or prospective state contractor? Is this contribution associated with an event reported in Section J1? Last Name SHENOY Residential Street Address 98 Hedgehog Ln Principal Occupation RETIRED | First City Date 10/ First | PUSHPA Fairfield Name of Employ Retir Is contributor a l dependent child of Received 16/2017 DIVAKAR West Simsbu Name of Employ RETIR Is contributor a l | er ed obbyist, spouse, or f a lobbyist? Yes X No Aggregate Contributions \$100.00 | State CT Amou | Contribution ID # 0288 Zip Code 06824-7831 Int of Contribution Contribution ID # 0291 Zip Code |
| Last Name CHANDALIA Residential Street Address 18 Hamilton Ct Principal Occupation Retired Is contributor a principal of a state contractor or prospective state contractor? Is this contribution associated with an event reported in Section J1? Last Name SHENOY Residential Street Address 98 Hedgehog Ln Principal Occupation Retired Is contributor a principal of a state contractor or prospective state contractor? Cash Personal Check Vest No Vest Vest No V | First City Date 10/ First | PUSHPA Fairfield Name of Employ Retire Is contributor a l dependent child of Received 16/2017 DIVAKAR West Simsbu Name of Employ RETIF | er ed obbyist, spouse, or f a lobbyist? Yes X No Aggregate Contributions \$100.00 Ty er ED obbyist, spouse, or f a lobbyist? Yes | State CT Amou | Contribution ID # 0288 Zip Code 06824-7831 nt of Contribution \$100.00 Contribution ID # 0291 Zip Code 06092-2104 |
| Last Name CHANDALIA Residential Street Address 18 Hamilton Ct Principal Occupation Retired Is contributor a principal of a state contractor or prospective state contractor? Is this contribution associated with an event reported in Section J1? Last Name SHENOY Residential Street Address 98 Hedgehog Ln Principal Occupation RETIRED | First City Date 10/ First | PUSHPA Fairfield Name of Employ Retir Is contributor a l dependent child of Received 16/2017 DIVAKAR West Simsbu Name of Employ RETIR Is contributor a l | er ed obbyist, spouse, or f a lobbyist? Yes X No Aggregate Contributions \$100.00 | State CT Amou | Contribution ID # 0288 Zip Code 06824-7831 nt of Contribution \$100.00 Contribution ID # 0291 Zip Code 06092-2104 |
| Last Name CHANDALIA Residential Street Address 18 Hamilton Ct Principal Occupation Retired Is contributor a principal of a state contractor or prospective state contractor? | First City Date 10/ First City | PUSHPA Fairfield Name of Employ Retir Is contributor a l dependent child of Received 16/2017 DIVAKAR West Simsbu Name of Employ RETIR Is contributor a l | er ed obbyist, spouse, or f a lobbyist? Yes X No Aggregate Contributions \$100.00 Ty er ED obbyist, spouse, or f a lobbyist? Yes | State CT Amou | Contribution ID # 0288 Zip Code 06824-7831 nt of Contribution \$100.00 Contribution ID # 0291 Zip Code 06092-2104 |
| Last Name CHANDALIA Residential Street Address 18 Hamilton Ct Principal Occupation Retired Is contributor a principal of a state contractor or prospective state contractor? | First City Date 10/ First City | PUSHPA Fairfield Name of Employ Retir Is contributor a l dependent child of Received 16/2017 DIVAKAR West Simsbut Name of Employ RETIR Is contributor a l dependent child of | er ed bbbyist, spouse, or f a lobbyist? X No Aggregate Contributions \$100.00 Ty er ED bbbyist, spouse, or f a lobbyist? Yes X No | State CT Amou | Contribution ID # 0288 Zip Code 06824-7831 nt of Contribution \$100.00 Contribution ID # 0291 Zip Code 06092-2104 |
| Last Name CHANDALIA Residential Street Address 18 Hamilton Ct Principal Occupation Retired Is contributor a principal of a state contractor or prospective state contractor? | First City Date 10/ First City Date | PUSHPA Fairfield Name of Employ Retir Is contributor a l dependent child of Received 16/2017 DIVAKAR West Simsbut Name of Employ RETIR Is contributor a l dependent child of | er ed bbbyist, spouse, or f a lobbyist? X No Aggregate Contributions \$100.00 Ty er ED bbbyist, spouse, or f a lobbyist? Yes X No | State CT Amou | Contribution ID # 0288 Zip Code 06824-7831 nt of Contribution \$100.00 Contribution ID # 0291 Zip Code 06092-2104 |

Page 18 of 189

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | |
|--|---------------|--|-------------------------|---------------|-----------------------|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | | | | | | |
| Dita for CT | nt | | | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| PUGA | $oxed{oxed}$ | CASEY | | | 0292 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 8 S Highland Ave | Щ, | Nyack | | NY | 10960-2443 | | | |
| Principal Occupation N/A | | Name of Employ | er EMPLOYED | | | | | |
| | $\overline{}$ | | | Amou | unt of Contribution | | | |
| Yes X No | D | dependent child of | Voc | | | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | | | | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| X No Cash Personal Check | 101 | | 1075.00 | | | | | |
| If yes, list Event # No Money Order Credit/Debit Card | 10/ | 16/2017 | \$375.00 | | \$375.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| CHANDALIA | list | PUSHPA | | 1411 | 0288 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 18 Hamilton Ct | | Fairfield | | CT | 06824 7831 | | | |
| Principal Occupation | | Name of Employ | er | | • | | | |
| | | | | - | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | o | Is contributor a l dependent child of | obbyist, spouse, or Yes | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of | | dependent cinia (| | | | | | |
| government the contract is with: Is this contribution associated with Method of contribution: | Doto | Received | | | | | | |
| an event reported in Section J1? | Date | Received | Aggregate Contributions | | | | | |
| X No Cash Y Personal Check | 10/ | 16/2017 | \$200.00- | | \$100.00 | | | |
| If yes, list Event # | | | Ţ | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| KENNEDY | | JANINE | | | 0329 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 80 Meadow Wood Dr | <u> </u> | Greenwich | | СТ | 06830-7057 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| HOME MAKER Is contributor a principal of a state contractor or prospective state contractor? | | | physist snouse or | A | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes No | o | dependent child of | obby ist, spouse, or | Amot | unt of Contribution | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? Yes Cash Personal Check | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 10/ | 16/2017 | \$100.00 | | \$100.00 | | | |
| | | | | l | | | | |
| Last Name | First | ANTHONY | | MI | Contribution ID # | | | |
| FRASCELLA Residential Street Address | City | ANTHONY | | State | 0330 Zip Code | | | |
| 9 Boulder Brook Rd | City | Greenwich | | CT | 06830-3514 | | | |
| Principal Occupation | ' | Name of Employ | er | | | | | |
| FINANCE | | ARIST | TEIA CAPITAL | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | o | | obbyist, spouse, or Yes | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of | | dependent child of | a loodyist? | | | | | |
| government the contract is with: | | D | | | | | | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| X No Cash Personal Check | 10/ | 16/2017 | \$200.00 | | \$200.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | Ι ΄΄ | • | , | I | • | | | |

Page 19 of 189

| I. MONETARY RECEIPT | S (Se | ection A-I) | | | |
|--|--|---|--|-----------|------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT | | | | ×+ | |
| Dita for CT | January 10 Filing - Amendmer | 11. | | | |
| B. Itemized Contributions from | n Ind | lividuals | | | |
| Last Name FRASCELLA | First | JENNIFER | | MI | Contribution ID # 0331 |
| Residential Street Address | City | | | State | Zip Code |
| 9 Boulder Brook Rd | <u> </u> | Greenwich | | СТ | 06830-3514 |
| Principal Occupation HOMEMAKER | | Name of Employer NONE | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Is contributor a le | obbyist, spouse, or f a lobbyist? Yes | Amou | ant of Contribution |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 10/ | 16/2017 | \$200.00 | | \$200.00 |
| Last Name | First | | | MI | Contribution ID # |
| GROSS | | PHIL | | | 0332 |
| Residential Street Address | City | | | State | Zip Code |
| 465 W End Ave # 1C | <u>L</u> | New York | | NY | 10024-4926 |
| Principal Occupation | | Name of Employ | | | |
| ATTORNEY | | | BERG KAPLAN | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No | о | dependent child of | obbyist, spouse, or f a lobbyist? Yes | Amou | unt of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section J1? Yes X No Cash Personal Check | | | | | |
| If yes, list Event # No Money Order X Credit/Debit Card | 10/ | 16/2017 | \$375.00 | | \$375.00 |
| Last Name | First | | | MI | Contribution ID # |
| GRUBER | | LEXIE | | | 0333 |
| Residential Street Address | City | | | State | Zip Code |
| 1602 Potomac Ave SE | <u>. </u> | Washington | | DC | 20003-3133 |
| Principal Occupation POLICY ASSOCIATE | | Name of Employ | er ICAN PUBLIC HUMAN SERVIO | CES ASSOC | CIATION |
| Is contributor a principal of a state contractor or progressive state contractor? | | | obbyist, spouse, or | | unt of Contribution |
| Yes No | 0 | dependent child o | f a lobbyist? | | |
| government the contract is with: | | | x No | | |
| Is this contribution associated with an event reported in Section J1? | Date | Received | Aggregate Contributions | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 10/ | 16/2017 | \$10.00 | | \$10.00 |
| Last Name | First | | | MI | Contribution ID # |
| FIRESTONE | 1 1130 | CARRIE | | IVII | 0334 |
| Residential Street Address | City | | | State | Zip Code |
| 36 Cambridge Xing | | Avon | | СТ | 06001-4104 |
| Principal Occupation | | Name of Employe | er | - | • |
| WRITER | | SELF- | EMPLOYED | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes No | o | Is contributor a le dependent child of | bbbyist, spouse, or f a lobbyist? Yes | Amou | ant of Contribution |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | |
| Is this contribution associated with Voc Method of contribution: | Date | Received | Aggregate Contributions | 1 | |
| | | | | | |
| If yes, list Event # Cash Credit/Debit Card | 10/ | 17/2017 | \$250.00 | | \$250.00 |

Page 20 of 189

| I MONETA DV DE CENTRO (C. C. A. D. | | | | | | | | |
|--|-------|--------------------|---|--------|---------------------|--|--|--|
| I. MONETARY RECEIPTS | S (Se | ection A-I) | 1 | | | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Dita for CT January 10 Filing - Amendmen | | | | | | | | |
| Dita for CT | nt | | | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| FIRESTONE | | MICHAEL | | | 0335 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 36 Cambridge Xing | | Avon | | СТ | 06001-4104 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| RADIOLOGIST | | RADIO | DLOGY ASSOCIATES OF HAF | RTFORD | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or Gallabraida Yes | Amou | ant of Contribution | | | |
| If yes, indicate which branch or branches of | | dependent child of | a lobbyist? | | | | | |
| government the contract is with: | | | x _{No} | | | | | |
| Is this contribution associated with Yes Yes | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 10/ | 17/2017 | \$250.00 | | \$250.00 | | | |
| If yes, list Event # | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| YADAV | | BHAGIRATH | | | 0336 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 8942 Peach Ct | | Jonesboro | | GA | 30236-5359 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| RETIRED | | RETIR | ED | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or Gallabraida | Amou | ant of Contribution | | | |
| If yes, indicate which branch or branches of | · | dependent child of | if a lobbyist? | | | | | |
| government the contract is with: | | | x No | | | | | |
| Is this contribution associated with Yes Wethod of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | | | | | | | | |
| If yes, list Event # | 10/ | 17/2017 | \$100.00 | | \$100.00 | | | |
| ii yes, iist Event # | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| YADAV | | SONNY | | | 0337 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 8942 Peach Ct | | Jonesboro | | GA | 30236-5359 | | | |
| Principal Occupation | | Name of Employ | er | • | - | | | |
| SELF EMPLOYED | | SELF | EMPLOYED | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or Yes | Amou | nt of Contribution | | | |
| | ' | dependent child of | a lobbyist: | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x No | | | | | |
| Is this contribution associated with Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | | | | | | | | |
| Ŭ No ☐ | 10/ | 17/2017 | \$100.00 | | \$100.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| BENNETT | | COLETTE | | | 0338 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 15 Central Park W # 4C | | New York | | NY | 10023-7708 | | | |
| Principal Occupation | | Name of Employ | er | • | | | | |
| N/A | | NON | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or for lobbyist? Yes | Amou | ant of Contribution | | | |
| If yes, indicate which branch or branches of | | dependent child of | i a lobbyist? | | | | | |
| government the contract is with: Executive Legislative | | | x _{No} | | | | | |
| Is this contribution associated with Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 10/ | 18/2017 | \$250.00 | | \$250.00 | | | |

Page 21 of 189

| I MONETA DV DECEMBER (C. P. A. D. | | | | | | | | |
|--|-------|--------------------|---|-------|--------------------|--|--|--|
| I. MONETARY RECEIPT | S (Se | ection A-I) | 1 | | | | | |
| 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 | First | | | MI | Contribution ID # | | | |
| RATTNER | | REBECCA | | | 0339 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 998 5th Ave | | New York | | NY | 10028-0102 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| LAW CLERK | | CLEAR | RY GOTTLIEB STEEN & HAMII | LTON | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or General Advanced Yes | Amou | nt of Contribution | | | |
| If yes, indicate which branch or branches of | , | dependent child of | a loobyist? | | | | | |
| government the contract is with: | | | x No | | | | | |
| Is this contribution associated with Yes Wethod of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | | | | | | | | |
| Ľ No I□ | 10/ | 18/2017 | \$100.00 | | \$100.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| SEHGAL | | RAGHBIR | | | 0294 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 55 Cliffside Xing | | Atlanta | | GA | 30350-2704 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| PARTNER | | SELF | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | nt of Contribution | | | |
| |) | dependent child of | f a lobbyist? | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x No | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | | | | | | | | |
| x No Cash x Personal Check | 10/ | 18/2017 | \$375.00 | | \$375.00 | | | |
| If yes, list Event # | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| MEHRA | | KAREN | | | 0340 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 44 Mayfair Ln | | Greenwich | | СТ | 06831-3640 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| HOMEMAKER | | NONE | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | nt of Contribution | | | |
| |) | dependent child of | • | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x No | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | | | | | | | | |
| If yes list Event # | 10/ | 20/2017 | \$375.00 | | \$375.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| MINDICH | | JESSICA | | | 0341 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 714 Lake Ave | | Greenwich | | СТ | 06830-3362 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| SELF EMPLOYED | | | SER COLLECTION, LLC | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | nt of Contribution | | | |
| | , | dependent child of | | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x No | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | 1 | | | | |
| an event reported in Section J1? | | | | | | | | |
| If yes, list Event # | 10/ | 22/2017 | \$375.00 | | \$375.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | ı | | | I | | | | |

Page 22 of 189

| I MONETA DV DE CENTRO (C. C. A. D. | | | | | | | | | |
|--|-------|---------------------|---|-------|---------------------|--|--|--|--|
| I. MONETARY RECEIPTS | S (Se | ection A-I) | 1 | | | | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Dita for CT January 10 Filing - Amendmen | | | | | | | | | |
| Dita for CT | ent | | | | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| PADDON | | MELANIE | | | 0342 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 215 Sycamore Ter | | Stamford | | СТ | 06902-2027 | | | | |
| Principal Occupation | | Name of Employ | er | | • | | | | |
| MANAGING DIRECTOR, CLIENT SERVICES | | PEREL | LA WEINBERG PARTNERS | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a le | obbyist, spouse, or Galablasista | | unt of Contribution | | | | |
| If yes, indicate which branch or branches of | , | dependent child of | a lobbyist? | | | | | | |
| government the contract is with: Executive Legislative | | | x No | | | | | | |
| Is this contribution associated with A second of contribution: Yes Yes | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| If yes, list Event # | 10/2 | 23/2017 | \$250.00 | | \$250.00 | | | | |
| | | | | | ı | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| HAMILTON | | MARCIA | | | 0343 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 14 Brookridge Dr | | Greenwich | | СТ | 06830-4830 | | | | |
| Principal Occupation | | Name of Employe | er | | | | | | |
| SPEECH WIRTER & LYRICIST | | SELF | | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or Galablariate Yes | | ant of Contribution | | | | |
| If yes, indicate which branch or branches of | | dependent child of | if a fobbyist? | | | | | | |
| government the contract is with: Executive Legislative | | | x _{No} | | | | | | |
| Is this contribution associated with Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| Ŭ No ☐ | 10/2 | 24/2017 | \$375.00 | | \$375.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| LEEDS | | STEPHANIE | | | 0344 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 39 Midbrook Ln | | Old Greenwic | :h | СТ | 06870-1427 | | | | |
| Principal Occupation | | Name of Employ | er | • | • | | | | |
| PHYSICIAN | | WEST | CHESTER HEALTH | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a le | obbyist, spouse, or | Amou | ınt of Contribution | | | | |
| | ' | dependent child of | • | | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | 1 | | | | | |
| an event reported in Section 31? | | | | | | | | | |
| If yes_list Event # | 10/2 | 24/2017 | \$250.00 | | \$250.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| STOWE | | KATHLEEN | | | 0345 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 52 Crown Ln | | Greenwich | | СТ | 06831-3102 | | | | |
| Principal Occupation | | Name of Employe | er | • | • | | | | |
| NONE | | NOT E | EMPLOYED | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | , | | obbyist, spouse, or for labbyist? Yes | Amou | unt of Contribution | | | | |
| If yes, indicate which branch or branches of | | dependent child of | i a lobbyist? | | | | | | |
| government the contract is with: Executive Legislative | | | x _{No} | _ | | | | | |
| Is this contribution associated with Section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| If yes, list Event # | 10/2 | 24/2017 | \$200.00 | | \$200.00 | | | | |

Page 23 of 189

| I MONETA DV DE CENTRO (C. C. A. D. | | | | | | | | | |
|--|-------|---|---|-------|--------------------|--|--|--|--|
| I. MONETARY RECEIPT | S (S | ection A-I) | I | | | | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Dita for CT January 10 Filing - Amendment | | | | | | | | | |
| Dita for CT | п. | | | | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| LEON | | KARINA | | | 0346 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 7 Tod Rd | | Norwalk | | СТ | 06851-1535 | | | | |
| Principal Occupation | | Name of Employ | | | | | | | |
| MANAGER | | KEN I | | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | Is contributor a li dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | nt of Contribution | | | | |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | | | 36 -3 | | | | | | |
| X No Cash Personal Check | 10/ | 25/2017 | \$375.00 | | \$375.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | , | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| GATES | | ROZANNE | | | 0347 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 277A North Ave | | Westport | | СТ | 06880-1325 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| WRITER | | SELF | | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | nt of Contribution | | | | |
| |) | dependent child of | of a lobbyist? | | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x No | | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order Cash Personal Check Credit/Debit Card Cash Personal Check Credit/Debit Card Cash Personal Check Personal Check Cash Personal Check P | 10/ | 25/2017 | \$100.00 | | \$50.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| BAKER | | CHRISTINE | | | 0348 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 11 Pinecroft Rd | | Greenwich | | СТ | 06830-3922 | | | | |
| Principal Occupation | | Name of Employ | er | - | | | | | |
| STAY AT HOME | | NONE | | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | ` | | obbyist, spouse, or Yes | Amou | nt of Contribution | | | | |
| If yes, indicate which branch or branches of | , | dependent child of | i a lobbyist: | | | | | | |
| government the contract is with: Executive Legislative | | | x _{No} | | | | | | |
| Is this contribution associated with Yes Yes | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| If yes, list Event # Cash Credit/Debit Card | 10/ | 25/2017 | \$150.00 | | \$150.00 | | | | |
| | | | | l | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| RICHARD | | KAREN | | | 0349 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 38 Grahampton Ln | | Greenwich | | СТ | 06830-3859 | | | | |
| Principal Occupation | | Name of Employ | | | | | | | |
| HOMEMAKER | | | MAKER | | nt of Contailerti- | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | Is contributor a li dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | nt of Contribution | | | | |
| If yes, indicate which branch or branches of Executive Legislative | | - | x No | | | | | | |
| government the contract is with: Is this contribution associated with Method of contribution: | Dete | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | Date | Received | Aggregate Contributions | | | | | | |
| X No Cash Personal Check | 10/ | 25/2017 | \$350.00 | | \$350.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 10/ | -5/201/ | φ330.00 | l | 4220.00 | | | | |

Page 24 of 189

| 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 - Amendmen | | | | | | | | | |
| Dita for CT | nt . | | | | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| LAKE | | NICOLE | | | 0350 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 27 Woodland St | | Manchester | | СТ | 06042-3009 | | | | |
| Principal Occupation ATTORNEY | | Name of Employe | er IUNITY HEALTH CENTER, INC | С. | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a le | obbyist, spouse, or | Amou | nt of Contribution | | | | |
| If yes, indicate which branch or branches of |) | dependent child o | | | | | | | |
| government the contract is with: | | | X No | | | | | | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| X No Cash Personal Check | 10/ | DE /2017 | ±100.00 | | ±100.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 10/2 | 25/2017 | \$100.00 | | \$100.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| ENNIS | | JOHN | | | 0351 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 21 Canterbury Rd | | Denville | | NJ | 07834-9630 | | | | |
| Principal Occupation | | Name of Employe | er | | - | | | | |
| RETIRED | | NONE | | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | Is contributor a lo dependent child o | obbyist, spouse, or f a lobbyist? Yes | Amou | nt of Contribution | | | | |
| If yes, indicate which branch or branches of Executive Legislative | | dependent enna o | x _{No} | | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | 1 | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| If yes, list Event # Cash Personal Check No | 10/2 | 26/2017 | \$375.00 | | \$375.00 | | | | |
| | l | | | <u> </u> | | | | | |
| Last Name | First | MARY | | MI | Contribution ID # | | | | |
| MCNAMEE Residential Street Address | City | MARY | | State | 0352 Zip Code | | | | |
| 1 Putnam HI Apt 3C | City | Greenwich | | CT | 06830-5702 | | | | |
| Principal Occupation | | Name of Employe | er | | 00030 3702 | | | | |
| RETIRED ACCOUNTANT | | N/A | | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a le | obbyist, spouse, or f a lobbyist? Yes | Amou | nt of Contribution | | | | |
| |) | dependent child o | i u roodyrst. | | | | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | | | | | |
| Is this contribution associated with Yes Yes | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section 31? | | | | | | | | | |
| If yes, list Event # Cash Credit/Debit Card | 10/2 | 26/2017 | \$50.00 | | \$50.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| DASGUPTA | | TRINA | | | 0353 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 20 Bayard St Apt Park | | Brooklyn | | NY | 11211-1051 | | | | |
| Principal Occupation | | Name of Employe | er | - | | | | | |
| PRODUCER | | SINGL | E PALM TREE PRODUCTION | S | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | Is contributor a lo dependent child o | obbyist, spouse, or fa lobbyist? Yes | Amou | nt of Contribution | | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | 1 | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| If yes list Event # Cash Personal Check No | 10/2 | 26/2017 | \$50.00 | | \$50.00 | | | | |

Page 25 of 189

| I. MONETARY RECEIPT | S (Se | ection A-I) | 1 | | |
|--|-------|---|--|-------------|---------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT January 10 Filing - Amendr | nent | |
| Dita for CT January 10 Filing - Amendmen | | | | | |
| B. Itemized Contributions from | n Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| RYAN | | MATTHEW | | | 0354 |
| Residential Street Address | City | | | State | Zip Code |
| 2178 Hollyridge Dr | | Los Angeles | | CA | 90068-3515 |
| Principal Occupation EXECUTIVE | | Name of Employ | er BUCKS | | |
| | | | phhyiet enquee or | Amo | unt of Contribution |
| Yes X No |) | dependent child o | , , , , , | es | |
| If yes, indicate which branch or branches of government the contract is with: | | | x , | io | |
| Is this contribution associated with Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section J1? Cash Personal Check | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 10/ | 26/2017 | \$375.00 | | \$375.00 |
| Last Name | First | | | MI | Contribution ID # |
| MARGENOT | | JOHN | | | 0355 |
| Residential Street Address | City | | | State | Zip Code |
| 29 Davenport Ave | | Greenwich | | СТ | 06830-7105 |
| Principal Occupation | | Name of Employ | er | • | • |
| SELF EMPLOYED | | SELF | EMPLOYED | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | | obbyist, spouse, or | Amo | unt of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | dependent child o | x N | io | |
| government the contract is with: Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section J1? | Date | Received | riggregate Contributions | | |
| If yes. list Event # Cash Personal Check Money Order X Credit/Debit Card | 10/ | 27/2017 | \$375.00 | | \$375.00 |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| RAHMAN | | MD | | | 0356 |
| Residential Street Address | City | | | State | Zip Code |
| 6 Penny Ln | | Manchester | | СТ | 06040-6870 |
| Principal Occupation | | Name of Employ | | | |
| BUSINESS OWNER | | | ARS SOURCING INC | Amo | unt of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? Yes Yes |) | dependent child o | , | es | unt of Contribution |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | X N | io | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section 31? | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 10/ | 27/2017 | \$375.00 | | \$375.00 |
| Last Name | First | | | MI | Contribution ID # |
| FLORESE | 11130 | SABRINA | | 1411 | 0357 |
| Residential Street Address | City | 0,1011111 | | State | Zip Code |
| 69 Haines Blvd | | Port Chester | | NY | 10573-2122 |
| Principal Occupation | | Name of Employ | er | • | • |
| ASSISTANT TO THE PRESIDENT | | IF HU | MMINGBIRD FOUNDATION | I/ISCOL FAM | ILY OFFICE |
| Is contributor a principal of a state contractor or prospective state contractor? |) | Is contributor a le dependent child of | obbyist, spouse, or | Amo | unt of Contribution |
| If yes, indicate which branch or branches of | | dependent einid (| x N | io | |
| government the contract is with: | Data | Received | Aggregate Contributions | | |
| an event reported in Section J1? | Date | Received | Aggregate Contributions | | |
| X No Cash Personal Check | 10/ | 27/2017 | \$375.00 | | \$375.00 |
| If yes_list Event # Money Order X Credit/Debit Card | i | | | 1 | |

Page 26 of 189

| 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 - Amendmer | nt | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| SOULE | | SANDRA | | | 0358 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 18 Lakeview Dr | <u> </u> | Riverside | | СТ | 06878-1111 | | | | |
| Principal Occupation RETIRED | | Name of Employ RETIF | | | | | | | |
| | | | | Amou | unt of Contribution | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No | 0 | dependent child of | Voc | 7 tinou | ant of Contribution | | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | | | | | |
| Is this contribution associated with Voc Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section 31? | | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order Credit/Debit Card | 10/ | 27/2017 | \$100.00 | | \$100.00 | | | | |
| | L | | | | La . i . p. " | | | | |
| Last Name COHAN | First | CATHEDINE | | MI | Contribution ID # | | | | |
| Residential Street Address | City | CATHERINE | | State | 0295 Zip Code | | | | |
| 25 Wallacks Dr | City | Stamford | | CT | 06902-7114 | | | | |
| Principal Occupation | | Name of Employ | er | <u> </u> | 00502 /11: | | | | |
| CONSULTANT | | THE E | BURNETT COLLECTIVE | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or Yes | Amou | unt of Contribution | | | | |
| If yes, indicate which branch or branches of | 5 | dependent child of | of a foodyist? | | | | | | |
| government the contract is with: Executive Legislative | | | x _{No} | | | | | | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| Cash X Personal Check | 100 | 27/2047 | +275.00 | | +275.00 | | | | |
| If yes, list Event # Money Order Credit/Debit Card | 10/. | 27/2017 | \$375.00 | | \$375.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| CASADONA | | MARK | | | 0359 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 6848 Juno St | | Forest Hills | | NY | 11375-5728 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| BANKER | | CITIB | | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No | 0 | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | unt of Contribution | | | | |
| If yes, indicate which branch or branches of Executive Legislative | | dependent ennu (| x No | | | | | | |
| government the contract is with: Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | Dute | 10001100 | 1.6g. egate controlations | | | | | | |
| X No | 10/ | 28/2017 | \$350.00 | | \$350.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| VERMA | | ASHA | | | 0360 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 877 Geranium Dr | | Warrington | | PA | 18976-2487 | | | | |
| Principal Occupation NURSING | | Name of Employ EMCM | | | | | | | |
| | | | obbriet enouge or | Amou | unt of Contribution | | | | |
| Yes X No | 0 | dependent child of | Vac | 7 111100 | 22 Continuent | | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? Yes Cash Personal Check | | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 10/ | 29/2017 | \$100.00 | | \$100.00 | | | | |

Page 27 of 189

| L MONETARY RECEIPT | S (Se | ection A-I) | | | |
|--|-------|--|---|-------|------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | | | |
| Dita for CT | | | January 10 Filing - Amendmen | nt | |
| B. Itemized Contributions from | m Ind | lividuals | • | | |
| Last Name | First | | | MI | Contribution ID # |
| AMARU | | VINNY | | | 0361 |
| Residential Street Address | City | | | State | Zip Code |
| 18 Sniffen Rd | L., | Westport | | СТ | 06880-1221 |
| Principal Occupation | | Name of Employ | | | |
| RETIRED Is contributor a principal of a state contractor or prospective state contractor? | | RETIR | | Amor | unt of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X N | 0 | dependent child of | Voc | Amot | int of Contribution |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | |
| Is this contribution associated with Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section 31? | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 10/3 | 30/2017 | \$375.00 | | \$375.00 |
| | | | | l | |
| Last Name | First | | | MI | Contribution ID # |
| SEXTON Residential Street Address | City | PATRICIA | | State | 0362 |
| 1695 Lindenhall Dr | City | Loveland | | OH | Zip Code 45140-2119 |
| Principal Occupation | Ь— | Name of Employ | er | OII | 45140-2119 |
| FOUNDER | | | IAPPINESS IDEA | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or | Amou | ant of Contribution |
| | 0 | dependent child of | of a lobbyist? | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | |
| Is this contribution associated with Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section 31? | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 10/3 | 30/2017 | \$25.00 | | \$25.00 |
| Last Name | First | | | MI | Contribution ID # |
| VEITH | 11130 | TARA | | IVII | 0363 |
| Residential Street Address | City | | | State | Zip Code |
| 339 Inwood Rd | | Fairfield | | СТ | 06825-1638 |
| Principal Occupation | • | Name of Employ | er | | • |
| CERTIFIED KITCHEN DESIGNER | | SELF | EMPLOYED | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | | obbyist, spouse, or Yes | Amou | ant of Contribution |
| If yes, indicate which branch or branches of | | dependent child of | a loodyist: | | |
| government the contract is with: Executive Legislative | Б. | D : 1 | x _{No} | | |
| Is this contribution associated with an event reported in Section J1? | Date | Received | Aggregate Contributions | | |
| X No Cash Personal Check | 10/ | 30/2017 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 10/ | 30,2017 | \$100.00 | | 4100.00 |
| Last Name | First | | | MI | Contribution ID # |
| ISKOWITZ | | JOSEPH | | | 0364 |
| Residential Street Address | City | | | State | Zip Code |
| 167 W 71st St Apt 19 | | New York | | NY | 10023-3832 |
| Principal Occupation | | Name of Employ | | | |
| LAWYER | | | IBERG, KAPLAN, WOLFF & CO | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X N | 0 | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | unt of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | |
| government the contract is with: | Date | Received | Aggregate Contributions | | |
| an event reported in Section J1? | | | | | |
| If yes, list Event # Cash Personal Check No | 10/3 | 30/2017 | \$250.00 | | \$250.00 |

Page 28 of 189

| L MONETARY RECEIPT | S (Se | ection A-I) | | | | | | | |
|---|--|---|---|-------|---------------------|--|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | ` | | TYPE OF REPORT | | | | | | |
| Dita for CT | | | January 10 Filing - Amendmen | nt | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| LEVIN | | JOHN | | | 0365 | | | | |
| Residential Street Address | City | N. 11 | | State | Zip Code | | | | |
| 249 Chestnut Hill Rd Principal Occupation | L | Norwalk Name of Employ | or | СТ | 06851-1412 | | | | |
| INVESTOR | | | MED CAPITAL LLC | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or | Amou | ant of Contribution | | | | |
| If was indicate which branch or branches of | 0 | dependent child of | of a lobbyist? | | | | | | |
| government the contract is with: | | | x _{No} | | | | | | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: Yes | Date | Received | Aggregate Contributions | | | | | | |
| X No Cash Personal Check | 10/ | 20/2017 | ±100.00 | | ±100.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 10/. | 30/2017 | \$100.00 | | \$100.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| EENKEMA VAN DIJK | | ARJAN | | | 0366 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 3 Lane Way | | Rye | | NY | 10580-2247 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| EXECUTIVE COACH | | | RESHIFT | • | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No | o | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | unt of Contribution | | | | |
| If yes, indicate which branch or branches of Executive Legislative | | F | x _{No} | | | | | | |
| government the contract is with: Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | | | 86 .8 | | | | | | |
| X No | 10/3 | 30/2017 | \$375.00 | | \$375.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| WADHWANI | | SHILPI | | | 0367 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 2045 Shaudi Ln Principal Occupation | <u>. </u> | Atlanta Name of Employ | or | GA | 30345-7606 | | | | |
| HOME MAKER | | NONE | | | | | | | |
| Is contributor a principal of a state contractor or proceeding state contractor? | | | obbyist, spouse, or | Amou | unt of Contribution | | | | |
| | 0 | dependent child of | - | | | | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x No | | | | | | |
| Is this contribution associated with Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? X No Cash Personal Check | | 20/2017 | 425.00 | | 105.00 | | | | |
| If yes, list Event # No Money Order X Credit/Debit Card | 10/. | 30/2017 | \$25.00 | | \$25.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| RIETVELD | | BENNY | | | 0368 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 3435 Ocean Park Blvd | | Santa Monica | ì | CA | 90405-3301 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| MUSICIAN | | | TALINO, INC | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No | 0 | Is contributor a le dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | unt of Contribution | | | | |
| If yes, indicate which branch or branches of Executive Legislative | | 1 | x No | | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| X No | 10/3 | 31/2017 | \$75.00 | | \$25.00 | | | | |

Page 29 of 189

| L MONETARY RECEIPT | S (Se | ection A-I) | | | | | | | |
|--|----------|--|---|--|------------------------|--|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT | | | | | | | | | |
| Dita for CT | | | January 10 Filing - Amendmer | nt | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| MEYER | | KRISTIN | | | 0369 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 5 Bayberrie Dr | | Stamford | | СТ | 06902-1901 | | | | |
| Principal Occupation | | Name of Employ | | | | | | | |
| REAL ESTATE Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or | Amou | unt of Contribution | | | | |
| Yes X No | 0 | dependent child of | Voc | 7 tinot | ant of Contribution | | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | | | | | |
| Is this contribution associated with Voc Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section 31? | | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order Credit/Debit Card | 10/ | 31/2017 | \$150.00 | | \$150.00 | | | | |
| L AV | F: . | | | L | Louis B" | | | | |
| Last Name BRUMLEY | First | SANFORD | | MI | Contribution ID # | | | | |
| Residential Street Address | City | SAINFORD | | State | Zip Code | | | | |
| 2 Laurel Lane Spur | City | Greenwich | | CT | 06830-3847 | | | | |
| Principal Occupation | | Name of Employ | er | <u> </u> | | | | | |
| RETIRED | | RETIR | RED | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 2 | | obbyist, spouse, or Yes | Amou | unt of Contribution | | | | |
| If yes, indicate which branch or branches of | 5 | dependent child of | of a lobbyist? | | | | | | |
| government the contract is with: | | | x _{No} | | | | | | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| Cash Personal Check | 100 | 24 /2047 | +25.00 | | +25.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 10/. | 31/2017 | \$25.00 | | \$25.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| JUNEJA | | MANJU | | | 0371 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 845 United Nations Plz | | New York | | NY | 10017-3540 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| ASSET MANAGER | | | MANAGEMENT LP | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No | o | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | unt of Contribution | | | | |
| If yes, indicate which branch or branches of Executive Legislative | | 1 | x _{No} | | | | | | |
| government the contract is with: Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| X No | 10/ | 31/2017 | \$100.00 | | \$100.00 | | | | |
| in yes, list Event # I Money Order III Credit/Debit Card | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| JAMES | | TERI | | | 0372 | | | | |
| Residential Street Address | City | Greenwich | | State CT | Zip Code 06830-3847 | | | | |
| 2 Laurel Lane Spur Principal Occupation | <u> </u> | Name of Employ | er | CI | 00030-3047 | | | | |
| RETIRED | | RETIR | | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | unt of Contribution | | | | |
| If yes, indicate which branch or branches of | U | dependent child of | or a robbyist? | | | | | | |
| government the contract is with: Executive Legislative | | | x _{No} | | | | | | |
| Is this contribution associated with an event reported in Section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? X No | | 0.1 /0.0.1 = | | | | | | | |
| If yes, list Event # No Money Order X Credit/Debit Card | 10/ | 31/2017 | \$10.00 | | \$10.00 | | | | |

Page 30 of 189

| I. MONETARY RECEIPT | S (Se | ection A-I) | | | | |
|--|----------|---|-------------------------|--------|-------|--------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | ` | <u> </u> | TYPE OF REPO | ORT | | |
| Dita for CT | | | January 10 Filing - Ame | endmen | t | |
| B. Itemized Contributions from | n Ind | lividuals | | | | |
| Last Name | First | | | | MI | Contribution ID # |
| WEISER | | JEFF | | | | 0373 |
| Residential Street Address | City | | | | State | Zip Code |
| 237 Lafayette St Apt 11W | | New York | | | NY | 10012-4008 |
| Principal Occupation | | Name of Employ | er | | | • |
| TRADER | | ROW | ASSET MANAGEMENT | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Is contributor a le dependent child of | obbyist, spouse, or | Yes | Amou | nt of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | dependent enna e | x | No No | | |
| government the contract is with: Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | 110 | | |
| an event reported in Section J1? | Date | Received | Aggregate Contributions | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 10/ | 31/2017 | \$375.00 | | | \$375.00 |
| - | | | | = | | |
| Last Name | First | | | | MI | Contribution ID # |
| MACLEOD | C'i | WILL | | | Gr. i | 0374 |
| Residential Street Address | City | Now York | | | State | Zip Code |
| 33 E 22nd St Principal Occupation | <u> </u> | New York Name of Employ | or | | NY | 10010-5306 |
| BANKER | | NOMU | | | | |
| | | | obbyjet enouge or | | Amou | nt of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? Yes No | О | dependent child of | | Yes | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x | No | | |
| In this contribution associated with | Date | Received | Aggregate Contributions | - | | |
| an event reported in Section J1? | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 10/ | 31/2017 | \$250.00 | | | \$250.00 |
| Last Name | First | | | | MI | Contribution ID # |
| MORRIS | | JAKE | | | | 0375 |
| Residential Street Address | City | | | | State | Zip Code |
| 33 E 22nd St | | New York | | | NY | 10010-5306 |
| Principal Occupation | _ | Name of Employ | er | | | |
| BANKER | | NOMU | JRA | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | | obbyist, spouse, or | Yes | Amou | nt of Contribution |
| If yes, indicate which branch or branches of | | dependent child of | | _ | | |
| government the contract is with: | | | | No | | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: Yes | Date | Received | Aggregate Contributions | | | |
| X No Cash Personal Check | 10/ | 21/2017 | ¢2E 00 | | | ¢25.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 10/. | 31/2017 | \$25.00 | | | \$25.00 |
| Last Name | First | | | | MI | Contribution ID # |
| TREPANIER | | ERIC | | | | 0376 |
| Residential Street Address | City | | | \neg | State | Zip Code |
| 201 Marin Blvd # 1608 | | Jersey City | | | NJ | 07302-6491 |
| Principal Occupation | • | Name of Employ | er | | | |
| ADMINISTRATOR | | WEBM | 1D | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | o | Is contributor a le dependent child of | obbyist, spouse, or | Yes | Amou | nt of Contribution |
| If yes, indicate which branch or branches of | | acpendent child (| * | No No | | |
| government the contract is with: Executive Legislative | | <u> </u> | | No | | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | | |
| X No Cash Personal Check | 107 | 31/2017 | \$375.00 | | | \$375.00 |
| If yes_list Event # Money Order X Credit/Debit Card | I 10/ | J1/2U1/ | \$373.00 | ļ | | 43,3.00 |

Page 31 of 189

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | |
|--|-----------------|---|--|-------|---------------------|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | o (o | cuon A-1) | TYPE OF REPORT | | | | | |
| Dita for CT | | | January 10 Filing - Amendme | nt | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| AKARAPU | Tilst | SRINIVAS | | 1411 | 0377 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 13 Chipping Ln Apt AA9 | | Norwalk | | СТ | 06854-1109 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| DIRECTOR | | SAAD | H INC. | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | Is contributor a le dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | int of Contribution | | | |
| If yes, indicate which branch or branches of government the contract is with: | | aepenaent enna e | x No | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | 1 | | | | |
| an event reported in Section J1? | | | | | | | | |
| If yes, list Event # Cash Personal Check No | 10/ | 31/2017 | \$100.00 | | \$100.00 | | | |
| - | | | | T.a | La .a . m. | | | |
| Last Name | First | MAN | | MI | Contribution ID # | | | |
| WUTHRICH Residential Street Address | City | MAY | | State | 0378 Zip Code | | | |
| 5 Roosevelt Ave | City | Old Greenwid | -h | CT | 06870-1810 | | | |
| Principal Occupation | | Name of Employ | | CI | 00070-1010 | | | |
| PUBLISHING EXECUTIVE | | | EMPLOYED | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or | Amou | nt of Contribution | | | |
| |) | dependent child of | of a lobbyist? | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x No | | | | | |
| Is this contribution associated with Yes Yes | Date | Received | Aggregate Contributions | 1 | | | | |
| an event reported in Section J1? Cash Personal Check | 100 | 24 /2047 | 4425.00 | | +425.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 10/. | 31/2017 | \$125.00 | | \$125.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| SCHLOSSBERG | | SHANA | | | 0379 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 1 W St 2006 | | New York | | NY | 10004-1021 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| CEO | | UPWA | RD HARTFORD | _ | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | Is contributor a le dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | int of Contribution | | | |
| If yes, indicate which branch or branches of Executive Legislative | | 1 | x No | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | 1 | | | | |
| an event reported in Section J1? | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order Credit/Debit Card | 10/ | 31/2017 | \$375.00 | | \$375.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| PEREZ | 1 1130 | GLORIBELLE | | IVII | 0380 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 1820 Madison Ave Apt 6C | | New York | | NY | 10035-3885 | | | |
| Principal Occupation | | Name of Employ | er | - | • | | | |
| ATTORNEY | | NYS E | DEPARTMENT OF LABOR | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | Is contributor a l dependent child of | obbyist, spouse, or If a lobbyist? Yes | Amou | nt of Contribution | | | |
| If yes, indicate which branch or branches of Executive Legislative | | , | x No | | | | | |
| government the contract is with: | Date | Received | Aggregate Contributions | 1 | | | | |
| an event reported in Section J1? | Date | | Obregate Controllons | | | | | |
| If yes, list Event # 11012017A | 11/ | 01/2017 | \$100.00 | | \$100.00 | | | |

Page 32 of 189

| L MONETARY RECEIPT | S (Se | ection A-I) | | | | | | | |
|--|----------|---|--|----------|---------------------|--|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | ` | , | TYPE OF REPORT | | | | | | |
| Dita for CT January 10 Filing - Amendmen | | | | | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| FERNANDEZ | | FERNANDO | | | 0409 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 741 E Ridgewood Ave | | Ridgewood | | NJ | 07450-3906 | | | | |
| Principal Occupation | | Name of Employ | er | • | | | | | |
| BANKER | | HSBC | | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | | obbyist, spouse, or General Additional State of | Amou | int of Contribution | | | | |
| If yes, indicate which branch or branches of | | dependent child o | <u> </u> | | | | | | |
| government the contract is with: | | | X No | 1 | | | | | |
| Is this contribution associated with an event reported in Section J1? | Date | Received | Aggregate Contributions | | | | | | |
| Cash Personal Check | 11/ | 01/2017 | ±150.00 | | +150.00 | | | | |
| If yes, list Event # \times \text{No} \tag{\text{\text{Money Order}}} \text{\text{X}} \text{Credit/Debit Card} | 11/0 | 01/2017 | \$150.00 | | \$150.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| GIL | First | GREGORY | | IVII | 0410 | | | | |
| Residential Street Address | City | GREGORI | | State | Zip Code | | | | |
| 15 Asmara Way | City | Easton | | CT | 06612-2101 | | | | |
| Principal Occupation | | Name of Employe | er | <u> </u> | 00012 2101 | | | | |
| ACCOUNTATN | | | ELF EMPLOYED | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | • | obbyist, spouse, or | Amou | int of Contribution | | | | |
| | o | dependent child of | of a lobbyist? | | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | | | | |
| Is this contribution associated with Yes Method of contribution: | Date | Received | Aggregate Contributions | 1 | | | | | |
| an event reported in Section 31? | | | | | | | | | |
| If yes, list Event # Cash Personal Check No | 11/0 | 01/2017 | \$50.00 | | \$50.00 | | | | |
| In yes, list Evelit# | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| MOONEY | | AMY | | | 0411 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 47 Lafayette Pl Apt 5B | <u> </u> | Greenwich | | СТ | 06830-5404 | | | | |
| Principal Occupation | | Name of Employe | | | | | | | |
| FINANCIAL ADVISOR | | | GAN'S SYABLEY | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes Yes | o | Is contributor a le dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | nt of Contribution | | | | |
| If yes, indicate which branch or branches of Executive Legislative | | | x No | | | | | | |
| government the contract is with: | Doto | Received | Aggregate Contributions | - | | | | | |
| an event reported in Section J1? | Date | Received | Aggregate Contributions | | | | | | |
| X No Cash Personal Check | 11/ | 01/2017 | \$150.00 | | \$150.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 11/ | 31/2017 | Ψ130.00 | | Ψ130.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| CHANG | | CLARE | | | 0412 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 70 Little West St # 19F | | New York | | NY | 10004-7410 | | | | |
| Principal Occupation | | Name of Employe | er | | | | | | |
| NONE | | KEITH | I CHANG MD PLLC | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | | obbyist, spouse, or So Johkwist? Yes | Amou | ant of Contribution | | | | |
| If yes, indicate which branch or branches of | ~ | dependent child of | a lobbyist? | | | | | | |
| government the contract is with: Executive Legislative | | | x _{No} |] | | | | | |
| Is this contribution associated with Section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| all event reported in Section 31: | | | | | | | | | |
| If yes list Event # Cash Personal Check No Cash Personal Check X Credit/Debit Card | 11/0 | 01/2017 | \$200.00 | | \$200.00 | | | | |

Page 33 of 189

| 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 - Amendmen | nt | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| CROFT | | HELIMA | | | 0413 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 2 Water St Apt 9C | | New York | | NY | 10004-8805 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| HEAD OF COMMODITY STRATEGY Is contributor a principal of a state contractor or prospective state contractor? | | | Obbyist, spouse, or | Amou | nt of Contribution | | | |
| is contributor a principal of a state contractor or prospective state contractor? |) | dependent child of | Voc | Amou | iit of Contribution | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x No | | | | | |
| Is this contribution associated with Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | | | | | | | | |
| If yes, list Event # Cash Personal Check Value Cash Personal Check | 11/ | 01/2017 | \$250.00 | | \$250.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| BHARGAVA | 1 1130 | ANJALI | | 1411 | 0414 | | | |
| Residential Street Address | City | 71107122 | | State | Zip Code | | | |
| 1040 Dean St Apt 417 | | Brooklyn | | NY | 11238-3479 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| OWNER | | BIJA I | BHAR | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | | obbyist, spouse, or Yes | Amou | nt of Contribution | | | |
| If yes, indicate which branch or branches of | | dependent child of | or a robbyrst? | | | | | |
| government the contract is with: Executive Legislative | | D : 1 | x _{No} | | | | | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| Cash Personal Check | 11/ | 01/2017 | \$50.00 | | \$50.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | 01,201, | \$30.00 | | 450.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| DEONARINE | | DAVID | | | 0415 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 11 Horseshoe Ln | | Somers | | СТ | 06071-2235 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| PAYMENT PROFESSIONAL Is contributor a principal of a state contractor or prospective state contractor? | | | IER FINANCIAL SOLUTIONS | | nt of Contribution | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | dependent child of | obbyist, spouse, or Of a lobbyist? | Amou | int of Contribution | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x No | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | | | | | | | | |
| If yes, list Event # Cash Personal Check Value Cash Personal Check | 11/ | 02/2017 | \$15.00 | | \$15.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| SCHEDE | riist | LOUIS | | IVII | 0416 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 130 Lenox Ave Ste 3 | | Stamford | | СТ | 06906-2321 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| SCHEDE PLUMBING | | SCHE | DE PLUMBING | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | Is contributor a l dependent child of | obbyist, spouse, or Of a lobbyist? Yes | Amou | nt of Contribution | | | |
| If yes, indicate which branch or branches of Executive Legislative | | acpendent child (| x No | | | | | |
| Is this contribution associated with Method of contribution: | Data | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | Date | | . 1981 Same Continuations | | | | | |
| X No Cash Personal Check | 11/ | 03/2017 | \$300.00 | | \$300.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | , | 7 | | | | | |

Page 34 of 189

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | |
|--|-------|-----------------------|-------------------------|--------|---------------------|--|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | | | | | | | |
| Dita for CT January 10 Filing - Amendmen | | | | | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| CENICOLA | | AMY | | | 0417 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 160 Riverside Blvd Apt 7J | L | New York | | NY | 10069-0705 | | | | |
| Principal Occupation CONSULTANT | | Name of Employ CENIO | er COLA CONSULTING | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or Yes | Amou | unt of Contribution | | | | |
| If yes, indicate which branch or branches of | 5 | dependent child of | of a lobbyist? | | | | | | |
| government the contract is with: | D. | D : 1 | | | | | | | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| X No | 11/0 | 03/2017 | \$100.00 | | \$100.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| MOUMDIJIAN | | HARRY | | | 0418 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 766 Wooded Trl | L | Franklin Lake | | NJ | 07417-1200 | | | | |
| Principal Occupation BANKING | | Name of Employ | er SAN STANLEY | | | | | | |
| | | | 11 1 · | Amou | unt of Contribution | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No | о | dependent child of | Vac | | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x No | | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | 1 | | | | | |
| an event reported in Section J1? Yes Cash Personal Check | | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order Credit/Debit Card | 11/0 | 04/2017 | \$150.00 | | \$150.00 | | | | |
| I and Name | First | | | MI | Contribution ID # | | | | |
| Last Name KOHLI | FIISt | SONIA | | IVII | 0419 | | | | |
| Residential Street Address | City | 3011171 | | State | Zip Code | | | | |
| 415 E 37th St Apt 6E | | New York | | NY | 10016-3208 | | | | |
| Principal Occupation | • | Name of Employ | er | | | | | | |
| DENTIST | | SONIA | A KOHLI DDS PC | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | | obbyist, spouse, or Yes | Amou | unt of Contribution | | | | |
| If yes, indicate which branch or branches of | 5 | dependent child of | or a roodyrst? | | | | | | |
| government the contract is with: | | | x _{No} | | | | | | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| Cash Personal Check | 11/ | NE/2017 | \$100.00 | | ¢100.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 11/0 | 05/2017 | \$100.00 | | \$100.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| KADABA | | SRIDHAR | | | 0420 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 296 Grandview Dr | | Glastonbury | | СТ | 06033-3946 | | | | |
| Principal Occupation | | Name of Employ | | | | | | | |
| PARTNER Le contributes a minimal of a state contractor or prographic state contractor? | | | CONSULTING GROUP LLC | I Amor | unt of Contribution | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes Yes | 0 | dependent child of | obbyist, spouse, or | Aiii0t | ant of Conditionion | | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | 1 | | | | | |
| an event reported in Section J1? Yes Cash Personal Check | | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 11/0 | 05/2017 | \$100.00 | | \$100.00 | | | | |

Page 35 of 189

| L MONETARY RECEIPT | S (Se | ection A-I) | | | |
|--|-------|--|---|-------------|------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT | | | | | |
| Dita for CT | | | January 10 Filing - Amendmen | nt | |
| B. Itemized Contributions from | n Ind | lividuals | _ | | |
| Last Name | First | | | MI | Contribution ID # |
| KADABA | | PRANEETA | | | 0421 |
| Residential Street Address | City | | | State | Zip Code |
| 296 Grandview Dr | | Glastonbury | | СТ | 06033-3946 |
| Principal Occupation NOT EMPLOYED | | Name of Employe | er EMPLOYED | | |
| | | | obbyigt gnouse or | Amou | nt of Contribution |
| Yes X No |) | dependent child o | Vac | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | |
| Is this contribution associated with Yes Wethod of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section J1? | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 11/ | 05/2017 | \$100.00 | | \$100.00 |
| Last Name | First | ! | | MI | Contribution ID # |
| BHARGAVA | FIISt | GAUTAM | | IVII | 0422 |
| Residential Street Address | City | UAU IAN | | State | Zip Code |
| 528 Churchill Ave | | Palo Alto | | CA | 94301-3605 |
| Principal Occupation | | Name of Employe | er | | |
| ENGINEER | | AMAZ | ON | | |
| Is contributor a principal of a state contractor or prospective state contractor? | , | | obbyist, spouse, or General Advanced Yes | Amou | nt of Contribution |
| If yes, indicate which branch or branches of | , | dependent child o | a loodyist? | | |
| government the contract is with: | | | x No | | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: Yes | Date | Received | Aggregate Contributions | | |
| Cash Personal Check | 11/ | 06/2017 | \$375.00 | | \$375.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 11/ | 00/2017 | \$373.00 | | \$373.00 |
| Last Name | First | | | MI | Contribution ID # |
| MECHANIC | | MICHELLE | | | 0423 |
| Residential Street Address | City | | | State | Zip Code |
| 6 Blackberry Ln | | Westport | | СТ | 06880-2711 |
| Principal Occupation | | Name of Employe | er | | |
| ATTORNEY AND ARTIST | | SELF | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | Is contributor a le dependent child o | obbyist, spouse, or of a lobbyist? Yes | Amou | nt of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | |
| government the contract is with: In this containation accordance with Mathed of containation: | Date | Received | Aggregate Contributions | | |
| an event reported in Section J1? | | | | | |
| If yes, list Event # | 11/ | 06/2017 | \$425.00 | | \$50.00 |
| in yes, list Event # | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| BOYLE | O. | BERNARD | | 0 | 0424 |
| Residential Street Address 700 W Crescent Ave | City | Allendale | | State NJ | Zip Code 07401-1910 |
| Principal Occupation | | Name of Employe | er | INJ | 07401-1910 |
| RETIRED | | RETIR | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a le | obbyist, spouse, or Yes | Amou | nt of Contribution |
| If yes, indicate which branch or branches of |) | dependent child o | of a lobbyist? | | |
| government the contract is with: Executive Legislative | | | x _{No} | | |
| Is this contribution associated with an event reported in Section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section 71: | | 06/2017 | | | +100.00 |
| If yes, list Event # Cash Cash Personal Check X No | 11/ | 06/2017 | \$100.00 | | \$100.00 |

Page 36 of 189

| I. MONETARY RECEIPT | S (Se | ection A-I) | | | |
|---|--------|---|------------------------------------|---------|--------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | |
| Dita for CT | | | January 10 Filing - Amendmen | nt | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| ENNIS | | LISA | | | 0425 |
| Residential Street Address | City | | | State | Zip Code |
| 21 Canterbury Rd | | Denville | | NJ | 07834-9630 |
| Principal Occupation | | Name of Employ | er | | |
| EDUCATION | | NONE | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Is contributor a le dependent child of | obbyist, spouse, or of a lobbyist? | Amou | nt of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | 1 | x _{No} | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section J1? | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 11/0 | 06/2017 | \$200.00 | | \$200.00 |
| Last Name | First | | | MI | Contribution ID # |
| MESSINEO LONG | | ALESSANDRA | 4 | | 0426 |
| Residential Street Address | City | | · | State | Zip Code |
| 34 Field Rd | | Riverside | | СТ | 06878-2327 |
| Principal Occupation | _ | Name of Employ | er | | |
| ATTORNEY | | LAW (| OFFICES OF ALESSANDRA M. | MESSINE | D LONG, LLC |
| Is contributor a principal of a state contractor or prospective state contractor? | _ | Is contributor a l | obbyist, spouse, or | Amou | nt of Contribution |
| | 0 | dependent child of | <u></u> | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x No | | |
| Is this contribution associated with Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in section 71? | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 11/0 | 07/2017 | \$300.00 | | \$300.00 |
| Last Name | First | | | MI | Contribution ID # |
| DICHRISTINA | | WENDY | | | 0427 |
| Residential Street Address | City | | | State | Zip Code |
| 81 Roton Ave | | Norwalk | | СТ | 06853-1639 |
| Principal Occupation | | Name of Employ | er | - | - |
| ATTORNEY | | WEND | DY DUNNE DICHRISTINA, ESC | Q. | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | | obbyist, spouse, or Yes | Amou | nt of Contribution |
| If yes, indicate which branch or branches of | | dependent child of | a lobbyist: | | |
| government the contract is with: Executive Legislative | | | x No | | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: Yes | Date | Received | Aggregate Contributions | | |
| X No Cash Personal Check | 11/ | 07/2017 | ¢27F 00 | | ¢275.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 11/0 | 07/2017 | \$375.00 | | \$375.00 |
| Last Name | First | | | MI | Contribution ID # |
| STEIN | 1 1100 | TERRI | | | 0428 |
| Residential Street Address | City | | | State | Zip Code |
| 8 Hedgerow Ln | | Greenwich | | СТ | 06831-3340 |
| Principal Occupation | | Name of Employ | er | | |
| LAWYER | | DTI | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | o | Is contributor a le dependent child of | obbyist, spouse, or | Amou | nt of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | | x No | | |
| government the contract is with: | Date | Received | Aggregate Contributions | | |
| an event reported in Section J1? | Date | 20001700 | | | |
| X No Cash Personal Check | 11/0 | 07/2017 | \$375.00 | | \$375.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 1 1 | | · | 1 | |

Page 37 of 189

| L MONETARY RECEIPTS (Section A-I) | | | | | | | | |
|--|-------|--|---|-------|--------------------|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | , | TYPE OF REPORT | | | | | |
| Dita for CT | | | January 10 Filing - Amendmer | nt | | | | |
| B. Itemized Contributions from | n Ind | lividuals | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| WIENER | | CAROLYN | | | 0429 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 66 Vista Dr | | Greenwich | | СТ | 06830-7128 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| LAWYER | | RETIF | | A | nt of Contribution | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes Yes |) | dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | nt of Contribution | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 11/ | 08/2017 | \$375.00 | | \$375.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| WIENER | | MALCOLM | | | 0430 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 66 Vista Dr | | Greenwich | | СТ | 06830-7128 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| PRE-HISTORIAN | | INSTA | | • | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | nt of Contribution | | | |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | | | | |
| government the contract is with: Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | Date | received | Aggregate Contributions | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 11/ | 08/2017 | \$375.00 | | \$375.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| COURAGE | | AMY | | | 0431 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 66 Arch St | | Riverside | | СТ | 06878-1924 | | | |
| Principal Occupation ARCHITECT | | Name of Employ | er AGE & CO | | | | | |
| | | | obbyist, spouse, or | Amou | nt of Contribution | | | |
| Yes 🔼 No |) | dependent child of | | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 11/ | 08/2017 | \$50.00 | | \$50.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| KHICHADIA | | SONAL | | | 0432 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 471 Lake Ave | | Greenwich | | СТ | 06830-3830 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| NOT EMPLOYED | | N/A | | 1 | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? | Amou | nt of Contribution | | | |
| If yes, indicate which branch or branches of Executive Legislative | | | x No | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | | | 300 John Jan 1915 | | | | | |
| X No Cash Personal Check | 11/ | 08/2017 | \$250.00 | | \$250.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | | | | |

Page 38 of 189

| I. MONETARY RECEIPT | S (Se | ection A-I) | 1 | | |
|--|----------|---|---|-------|---------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | nt . | |
| Dita for CT | | | January 10 Filing - Amendmer | ıı | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| DONOVAN | ~1 | KATJA | | | 0382 |
| Residential Street Address | City | Diverside | | State | Zip Code |
| 12 Hidden Brook Rd Principal Occupation | | Riverside Name of Employ | or | СТ | 06878-2326 |
| COM | | | MAN ACADEMY OF NY | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No | o | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | unt of Contribution |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | 1 | x _{No} | | |
| Is this contribution associated with X Voc Method of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section J1? Cash Personal Check | | | | | |
| If yes, list Event # 11082017A No Money Order Credit/Debit Card | 11/ | 08/2017 | \$100.00 | | \$100.00 |
| Last Name | First | | | MI | Contribution ID # |
| RAJ | | DEEPAK | | | 0433 |
| Residential Street Address | City | | | State | Zip Code |
| 190 Brooks Bnd | | Princeton | | NJ | 08540-7545 |
| Principal Occupation | | Name of Employ | er | - | |
| REAL ESTATE | | | SSOCIATES | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No. | o | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | ant of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | dependent enna e | x _{No} | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section J1? | | | | | |
| If yes, list Event # | 11/ | 10/2017 | \$375.00 | | \$375.00 |
| Last Name | First | | | MI | Contribution ID # |
| BERG | | JUDITH | | | 0434 |
| Residential Street Address | City | | | State | Zip Code |
| 28 Dandy Dr | | Cos Cob | | СТ | 06807-2203 |
| Principal Occupation | | Name of Employ | | | |
| RETIRED | | RETIR | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes No | o | Is contributor a le dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | unt of Contribution |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | |
| Is this contribution associated with Yes Method of contribution: Yes | Date | Received | Aggregate Contributions | | |
| an event reported in Section 31? | Ι. | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 11/ | 10/2017 | \$50.00 | | \$50.00 |
| Last Name | First | | | MI | Contribution ID # |
| SCHEUER | | ROBERT | | | 0381 |
| Residential Street Address | City | | | State | Zip Code |
| 960 Lake Ave | <u> </u> | Greenwich | | СТ | 06831-3032 |
| Principal Occupation | | Name of Employ | | | |
| RETIRED | | RETIR | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes No | o | dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | unt of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section J1? | | | | | |
| X No Cash X Personal Check If yes, list Event # Card Order Credit/Debit Card | 11/ | 10/2017 | \$500.00 | | \$500.00 |

Page 39 of 189

| 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 - Amendmer | nt | | | | |
| B. Itemized Contributions from | n Ind | lividuals | • | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| BHARGAVA Decidential Secret Address | City | KUSUM | | Ct-t- | 0383 | | | |
| Residential Street Address 2229 Galina Pl | City | Fort Wayne | | State IN | Zip Code 46804-5232 | | | |
| Principal Occupation | - | Name of Employ | er | 1 111 | 1 40004 3232 | | | |
| HOMEMAKER | | NONE | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No | 0 | Is contributor a le dependent child of | obbyist, spouse, or of a lobbyist? | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of government the contract is with: | | • | x _{No} | | | | | |
| Is this contribution associated with X Voc Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| x Cash Personal Check | | 44/2047 | +400.00 | | +100.00 | | | |
| If yes, list Event # 11082017A No Money Order Credit/Debit Card | 11/ | 11/2017 | \$100.00 | | \$100.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| AKULA | | VENKATA | | | 0384 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 10 Denhurst Pl | L | Darien | | СТ | 06820-3801 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| IT Is contributor a principal of a state contractor or prospective state contractor? | | | CHART COMMODITIES TRADI | | unt of Contribution | | | |
| Yes X No | 0 | dependent child of | Vac | | | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | | | | |
| Is this contribution associated with an event reported in Section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | 1 | | | | |
| an event reported in Section J1? No Cash Personal Check | 11/ | 11/2017 | ¢100.00 | | ¢100.00 | | | |
| If yes, list Event # 11082017A | 11/ | 11/2017 | \$100.00 | | \$100.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| BLAKE | | BENJAMIN | | | 0385 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 5 Anchorage Dr | <u> </u> | Milford | | СТ | 06460-6504 | | | |
| Principal Occupation MAYOR | | Name of Employ | er OF MILFORD | | | | | |
| | | | obbvist, spouse, or | Amou | ant of Contribution | | | |
| Yes A No | D | dependent child of | of a lobbyist? | | | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x No | | | | | |
| Is this contribution associated with an event reported in Section J1? X Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| No Cash Personal Check | 11/ | 12/2017 | #F0.00 | | #F0.00 | | | |
| If yes, list Event # 11122017A Money Order Credit/Debit Card | 11/. | 12/2017 | \$50.00 | | \$50.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| LEE | | ANDREA | | | 0386 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 15 Walnut Pl | <u> </u> | Wilton | | СТ | 06897-2324 | | | |
| Principal Occupation CONSULTANT | | Name of Employ SELF | er | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Is contributor a l | obbyist, spouse, or Yes | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of | | dependent child of | or a robbyist? | | | | | |
| government the contract is with: Legislative Legislative Legislative | D-4 | Danaiyad | | | | | | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: Yes | Date | Received | Aggregate Contributions | | | | | |
| If yes, list Event # 11122017A | 11/ | 12/2017 | \$200.00 | | \$200.00 | | | |

Page 40 of 189

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | |
|--|--------------|---|---|-------|---------------------|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | ction /x-i, | TYPE OF REPORT | | | | | |
| Dita for CT | | | January 10 Filing - Amendmen | nt | | | | |
| B. Itemized Contributions from | n Ind | lividuals | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| NEWBERG | | CECILE | | | 0387 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 1A Punch Bowl Dr | | Westport | | CT | 06880-2126 | | | |
| Principal Occupation | | Name of Employe | er | | | | | |
| NONE | | NONE | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a le | obbyist, spouse, or | Amou | nt of Contribution | | | |
| |) | dependent child of | of a lobbyist? | | | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x No | | | | | |
| Is this contribution associated with A yes Method of contribution: | Date | Received | Aggregate Contributions | 1 | | | | |
| an event reported in Section 31? | | | | | | | | |
| | 11/ | 12/2017 | \$200.00 | | \$100.00 | | | |
| If yes, list Event # 11122017A | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| SOUSA | | MANUEL | | | 0388 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 17 Anvill Rd | | Southport | | СТ | 06890-1086 | | | |
| Principal Occupation | | Name of Employe | er | | • | | | |
| CONSULTANT | | RETIR | ED | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | , | | obbyist, spouse, or Gallaboriet Yes | Amou | nt of Contribution | | | |
| If yes, indicate which branch or branches of | , | dependent child of | of a lobbyist? | | | | | |
| government the contract is with: | | | x _{No} | | | | | |
| Is this contribution associated with X Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section 31? | | | | | | | | |
| If yes, list Event # 11122017A No Money Order Credit/Debit Card | 11/ | 12/2017 | \$250.00 | | \$250.00 | | | |
| injus, includes included in the control in the cont | | | | | - | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| NEWBERG | | CECILE | | | 0387 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 1A Punch Bowl Dr | | Westport | | СТ | 06880-2126 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| Retired | | NONE | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | Is contributor a le dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | nt of Contribution | | | |
| If yes, indicate which branch or branches of | | dependent enna e | x No | | | | | |
| government the contract is with: | | D : 1 | | | | | | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| No Cash X Personal Check | ۱., | (12/2017 | ¢100.00 | l . | ±100 00 | | | |
| If yes, list Event # 11122017A | 11/ | 12/2017 | \$100.00 | , | \$100.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| SHARMA | | MADHAVI | | | 0390 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 136 Thunder Lake Rd | | Wilton | | СТ | 06897-1335 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| Retired | | NONE | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | , | Is contributor a le | obbyist, spouse, or | Amou | nt of Contribution | | | |
| If yes, indicate which branch or branches of | | dependent child of | i a lobbyist? | | | | | |
| government the contract is with: Executive Legislative | | | x _{No} | | | | | |
| Is this contribution associated with an event reported in Section 112 X Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in section 31: | | | | | | | | |
| If yes, list Event # 11132017A Cash Credit/Debit Card | 11/ | 13/2017 | \$100.00 | ! | \$100.00 | | | |

Page 41 of 189

| | S (Se | ection A-I) | 1 | | |
|--|-------------------------------|--|---|---------------------|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Dita for CT | | | TYPE OF REPORT January 10 Filing - Amendmen | nt . | |
| | | | January 10 1 ming 7 minorianion | | |
| B. Itemized Contributions from | | lividuals | | | |
| Last Name SHARMA | First | ANJANA | | MI | Contribution ID # 0389 |
| Residential Street Address | City | | | State | Zip Code |
| 6 Stonecroft Way | L, | Monroe | | СТ | 06468-5208 |
| Principal Occupation DIRECTOR OF NURSING | | Name of Employe | er PT OF ENERGY | | |
| Is contributor a principal of a state contractor or prospective state contractor? | o | Is contributor a le dependent child o | obbyist, spouse, or f a lobbyist? Yes | Amou | ant of Contribution |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: | Date | Received | Aggregate Contributions | | |
| If yes, list Event # 11132017A No Cash Noney Order Credit/Debit Card | 11/1 | 13/2017 | \$100.00 | | \$100.00 |
| Last Name | First | | | MI | Contribution ID # |
| SHARMA | | MADHAVI | | | 0390 |
| Residential Street Address | City | | | State | Zip Code |
| 136 Thunder Lake Rd | Ц., | Wilton Name of Employs | | CT | 06897-1335 |
| Principal Occupation NONE | | Name of Employe | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | | obbyist, spouse, or Yes | Amou | unt of Contribution |
| If yes, indicate which branch or branches of | | dependent child o | f a lobbyist? | | |
| government the contract is with: Executive Legislative | l D : | n · 1 | × No | | |
| Is this contribution associated with an event reported in Section J1? | Date | Received | Aggregate Contributions | | |
| If yes, list Event # 11132017A No No Cash Personal Check Money Order Credit/Debit Card | 11/1 | 13/2017 | \$200.00 - | | \$100.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| Last Name HUBBA | First | GEORGE | | MI | |
| HUBBA Residential Street Address | First | | | State | Contribution ID # 0435 Zip Code |
| HUBBA Residential Street Address 210 E 68th St Apt 16C | | New York | ov | | Contribution ID # |
| HUBBA Residential Street Address | | New York Name of Employe | er NQUIN ADVISORS LLC | State | Contribution ID # 0435 Zip Code |
| HUBBA Residential Street Address 210 E 68th St Apt 16C Principal Occupation INVESTMENT PROFESSIONAL Le contributor a principal of a state contractor or prospective state contractor? | City | New York Name of Employo ALGO Is contributor a lo | NQUIN ADVISORS LLC obbyist, spouse, or | State NY | Contribution ID # 0435 Zip Code |
| HUBBA Residential Street Address 210 E 68th St Apt 16C Principal Occupation INVESTMENT PROFESSIONAL Is contributor a principal of a state contractor or prospective state contractor? Yes X N | City | New York Name of Employe | NQUIN ADVISORS LLC bbbyist, spouse, or f a lobbyist? Yes | State NY | Contribution ID # 0435 Zip Code 10065-6031 |
| HUBBA Residential Street Address 210 E 68th St Apt 16C Principal Occupation INVESTMENT PROFESSIONAL Is contributor a principal of a state contractor or prospective state contractor? Yes X N If yes, indicate which branch or branches of government the contract is with: | City | New York Name of Employe ALGO Is contributor a le dependent child o | NQUIN ADVISORS LLC bbbyist, spouse, or f a lobbyist? Yes X No | State NY | Contribution ID # 0435 Zip Code 10065-6031 |
| HUBBA Residential Street Address 210 E 68th St Apt 16C Principal Occupation INVESTMENT PROFESSIONAL Is contributor a principal of a state contractor or prospective state contractor? Yes X N If yes, indicate which branch or branches of | City | New York Name of Employo ALGO Is contributor a lo | NQUIN ADVISORS LLC bbbyist, spouse, or f a lobbyist? Yes | State NY | Contribution ID # 0435 Zip Code 10065-6031 |
| HUBBA Residential Street Address 210 E 68th St Apt 16C Principal Occupation INVESTMENT PROFESSIONAL Is contributor a principal of a state contractor or prospective state contractor? Yes X N If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with Yes Method of contribution: | City | New York Name of Employe ALGO Is contributor a le dependent child o | NQUIN ADVISORS LLC bbbyist, spouse, or f a lobbyist? Yes X No | State NY Amou | Contribution ID # 0435 Zip Code 10065-6031 |
| HUBBA Residential Street Address 210 E 68th St Apt 16C Principal Occupation INVESTMENT PROFESSIONAL Is contributor a principal of a state contractor or prospective state contractor? | City Date: | New York Name of Employe ALGO Is contributor a le dependent child o | NQUIN ADVISORS LLC bbbyist, spouse, or f a lobbyist? Yes X No Aggregate Contributions | State NY Amou | Contribution ID # 0435 Zip Code 10065-6031 int of Contribution \$200.00 |
| HUBBA Residential Street Address 210 E 68th St Apt 16C Principal Occupation INVESTMENT PROFESSIONAL Is contributor a principal of a state contractor or prospective state contractor? Yes X N If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Yes X No Cash Personal Check | City | New York Name of Employe ALGO Is contributor a le dependent child o | NQUIN ADVISORS LLC bbbyist, spouse, or f a lobbyist? Yes X No Aggregate Contributions | State NY Amou | Contribution ID # 0435 Zip Code 10065-6031 |
| HUBBA Residential Street Address 210 E 68th St Apt 16C Principal Occupation INVESTMENT PROFESSIONAL Is contributor a principal of a state contractor or prospective state contractor? | City Date: | New York Name of Employe ALGO Is contributor a le dependent child of Received 13/2017 | NQUIN ADVISORS LLC bbbyist, spouse, or f a lobbyist? Yes X No Aggregate Contributions | State NY Amou | Contribution ID # 0435 Zip Code 10065-6031 ant of Contribution \$200.00 Contribution ID # 0436 Zip Code |
| HUBBA Residential Street Address 210 E 68th St Apt 16C Principal Occupation INVESTMENT PROFESSIONAL Is contributor a principal of a state contractor or prospective state contractor? | City Date: | New York Name of Employe ALGO Is contributor a le dependent child of Received 13/2017 SONJA Westport | NQUIN ADVISORS LLC Obbyist, spouse, or f a lobbyist? Yes X No Aggregate Contributions \$200.00 | State NY Amou | Contribution ID # 0435 Zip Code 10065-6031 ant of Contribution \$200.00 Contribution ID # 0436 |
| HUBBA Residential Street Address 210 E 68th St Apt 16C Principal Occupation INVESTMENT PROFESSIONAL Is contributor a principal of a state contractor or prospective state contractor? | City Date: | New York Name of Employe ALGO Is contributor a le dependent child of Received 13/2017 SONJA Westport Name of Employe | NQUIN ADVISORS LLC Obbyist, spouse, or f a lobbyist? Yes X No Aggregate Contributions \$200.00 | State NY Amou | Contribution ID # 0435 Zip Code 10065-6031 ant of Contribution \$200.00 Contribution ID # 0436 Zip Code |
| HUBBA Residential Street Address 210 E 68th St Apt 16C Principal Occupation INVESTMENT PROFESSIONAL Is contributor a principal of a state contractor or prospective state contractor? | City Date 11/1 First City | New York Name of Employe ALGO Is contributor a le dependent child of Received 13/2017 SONJA Westport Name of Employe UNEM Is contributor a le | NQUIN ADVISORS LLC bbbyist, spouse, or f a lobbyist? Yes X No Aggregate Contributions \$200.00 er PLOYED bbbyist, spouse, or Yes | State NY Amou | Contribution ID # 0435 Zip Code 10065-6031 ant of Contribution \$200.00 Contribution ID # 0436 Zip Code |
| HUBBA Residential Street Address 210 E 68th St Apt 16C Principal Occupation INVESTMENT PROFESSIONAL Is contributor a principal of a state contractor or prospective state contractor? | City Date 11/1 First City | New York Name of Employed ALGO Is contributor a le dependent child of Received 13/2017 SONJA Westport Name of Employed UNEM | NQUIN ADVISORS LLC bibbyist, spouse, or f a lobbyist? Yes X No Aggregate Contributions \$200.00 er PLOYED bibbyist, spouse, or f a lobbyist? Yes | State NY Amou | Contribution ID # 0435 Zip Code 10065-6031 ant of Contribution \$200.00 Contribution ID # 0436 Zip Code 06880-3729 |
| Residential Street Address 210 E 68th St Apt 16C Principal Occupation INVESTMENT PROFESSIONAL Is contributor a principal of a state contractor or prospective state contractor? | City Date 11/1 First City | New York Name of Employe ALGO Is contributor a le dependent child of Received 13/2017 SONJA Westport Name of Employe UNEM Is contributor a le | NQUIN ADVISORS LLC bbbyist, spouse, or f a lobbyist? Yes X No Aggregate Contributions \$200.00 er PLOYED bbbyist, spouse, or Yes | State NY Amou | Contribution ID # 0435 Zip Code 10065-6031 ant of Contribution \$200.00 Contribution ID # 0436 Zip Code 06880-3729 |
| HUBBA Residential Street Address 210 E 68th St Apt 16C Principal Occupation INVESTMENT PROFESSIONAL Is contributor a principal of a state contractor or prospective state contractor? | City Date 11/1 First City | New York Name of Employe ALGO Is contributor a le dependent child of Received 13/2017 SONJA Westport Name of Employe UNEM Is contributor a le dependent child of | NQUIN ADVISORS LLC Obbyist, spouse, or f a lobbyist? Yes X No Aggregate Contributions \$200.00 er PLOYED Obbyist, spouse, or f a lobbyist? Yes X No | State NY Amou | Contribution ID # 0435 Zip Code 10065-6031 ant of Contribution \$200.00 Contribution ID # 0436 Zip Code 06880-3729 |

Page 42 of 189

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT January 10 Filing - Amendment |
|--|
| B. Itemized Contributions from Individuals Last Name |
| Last Name First SHANTI MI Contribution ID # 0437 |
| Residential Street Address 25 Winding Ln Principal Occupation HOME MAKER Is contributor a principal of a state contractor or prospective state contractor? Yes No |
| Residential Street Address 25 Winding Ln Principal Occupation HOME MAKER Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of a overnment the contract is with: State City Darien Name of Employer HOME MAKER |
| Darien |
| Principal Occupation HOME MAKER Is contributor a principal of a state contractor or prospective state contractor? |
| HOME MAKER Is contributor a principal of a state contractor or prospective state contractor? |
| 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: Is this contribution associated with an event reported in Section J1? Last Name KALRA Residential Street Address 40 Dahl Ave Principal Occupation RETIRED Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative Legislative Date Received Aggregate Contributions Aggregate Contributions MI Contribution ID # Occupation 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: Executive Legislative MI Contribution ID # Occupation Name of Employer NONE Amount of Contribution Aggregate Contributions |
| Executive Legislative Le |
| an event reported in Section J1? If yes, list Event # Cash |
| If yes, list Event # |
| If yes, list Event # |
| Residential Street Address Residential Street Address 40 Dahl Ave Principal Occupation RETIRED 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: Is this contribution associated with RAKESH City Stratford CT 06614-2790 Name of Employer NONE Amount of Contribution Amount of Contribution Amount of Contribution Aggregate Contributions |
| Residential Street Address 40 Dahl Ave Stratford CT 06614-2790 Principal Occupation 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: Is this contribution associated with Name of Employer NONE Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No Is contributor a lobbyist? Yes X No Amount of Contribution Amount of Contribution |
| Principal Occupation 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: Is this contribution associated with Principal Occupation Name of Employer NONE Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Amount of Contribution Amount of Contribution Amount of Contribution Aggregate Contributions |
| Principal Occupation 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: Is this contribution associated with Name of Employer NONE Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Amount of Contribution Amount of Contribution Date Received Aggregate Contributions |
| RETIRED Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Qovernment the contract is with: Is this contribution associated with Yes Method of contribution: Date Received Aggregate Contributions |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No Is contributor a lobbyist. |
| If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with Yes Legislative Legislative Legislative Date Received Aggregate Contributions |
| If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with Legislative Legislative Date Received Aggregate Contributions |
| Is this contribution associated with Method of contribution: Date Received Aggregate Contributions |
| Voc. |
| |
| If yes, list Event # Personal Check 11/13/2017 \$100.00 \$100.00 |
| If yes, list Event# |
| Last Name First MI Contribution ID # |
| KAPUR SUNILA 0439 |
| Residential Street Address City State Zip Code |
| 223 Dudley Rd Wilton CT 06897-3516 |
| Principal Occupation Name of Employer REALTOR SILVER PINE REAL ESTATE |
| |
| Yes No dependent child of a lobbyist? Yes |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative |
| Is this contribution associated with Method of contribution: Date Received Aggregate Contributions |
| an event reported in section 31? |
| If yes, list Event # Cash Personal Check 11/13/2017 \$50.00 \$50.00 |
| Last Name First MI Contribution ID # |
| CHAWLA MADAN 0440 |
| Residential Street Address City State Zip Code |
| 118 Judd St Fairfield CT 06824-3512 |
| Principal Occupation Name of Employer |
| COMMERCIAL CREDIT PEOPLE'S BANK |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution |
| If yes, indicate which branch or branches of |
| government the contract is with: Is this contribution associated with Method of contribution: Date Received Aggregate Contributions |
| an event reported in Section J1? |
| If yes, list Event # Cash Personal Check 11/13/2017 \$100.00 \$100.00 |

Page 43 of 189

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Dita for CT B. Itemized Contributions from Individuals Last Name ELLIS Residential Street Address 71 W 83rd St Principal Occupation FINANCIAL ADVISOR FINANCIAL ADVISOR TYPE OF REPORT January 10 Filing - Amendment First EVE MI Contribution EVE State Zip Code Name of Employer Name of Employer MORGAN STANLEY | TYPE OF REPORT January 10 Filing - Amendment | NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Dita for CT B. Itemized Contributions from Individuals Last Name ELLIS Residential Street Address 71 W 83rd St TYPE OF REPORT January 10 Filing - Amendment First EVE First EVE State 71 W 83rd St New York TYPE OF REPORT TYPE OF REPORT LYPE OF REPORT TYPE OF REPORT TYPE OF REPORT LYPE OF REPORT TYPE OF REPORT LAW 10 Amendment First EVE State Type OF REPORT LAW 10 Amendment New 10 Amendment N | I MONETADY DECEIDTS (Section A. I.) | | | | | | | | |
|---|--|---|--|--------------|--|---|-------------------|---|--|--|--|
| Dita for CT January 10 Filing - Amendment B. Itemized Contributions from Individuals Last Name First MI Contribution ELLIS EVE 0441 Residential Street Address City State Zip Code 71 W 83rd St New York NY 10024-52 Principal Occupation Name of Employer FINANCIAL ADVISOR MORGAN STANLEY | January 10 Filing - Amendment | Dita for CT January 10 Filing - Amendment B. Itemized Contributions from Individuals Last Name First MI Contribution ID # ELLIS EVE 0441 Residential Street Address City State Zip Code 71 W 83rd St New York NY 10024-5274 | | | ection A-I) | I | | | | | |
| B. Itemized Contributions from Individuals Last Name ELLIS Residential Street Address 71 W 83rd St Principal Occupation FINANCIAL ADVISOR B. Itemized Contributions from Individuals First EVE MI Contribution 0441 Contribution Name of Employer Name of Employer MORGAN STANLEY | First | B. Itemized Contributions from Individuals Last Name First MI Contribution ID # ELLIS EVE 0441 Residential Street Address City State Zip Code 71 W 83rd St New York NY 10024-5274 | |) | | | \ + | | | | |
| Last Name ELLIS EVE State 71 W 83rd St Principal Occupation FINANCIAL ADVISOR FIRST EVE O441 O441 New York New York NY 10024-52 Name of Employer MORGAN STANLEY | First | Last Name First MI Contribution ID # ELLIS EVE 0441 Residential Street Address City State Zip Code 71 W 83rd St New York NY 10024-5274 | | | | January 10 Filing - Amendmen | п. | | | | |
| ELLIS EVE 0441 Residential Street Address City State Zip Code 71 W 83rd St New York NY 10024-52 Principal Occupation Name of Employer FINANCIAL ADVISOR MORGAN STANLEY | EVE | ELLIS EVE 0441 Residential Street Address City State Zip Code 71 W 83rd St New York NY 10024-5274 | B. Itemized Contributions f | om Inc | lividuals | | | | | | |
| Residential Street Address 71 W 83rd St Principal Occupation FINANCIAL ADVISOR City New York New York New York Name of Employer MORGAN STANLEY | City | Residential Street Address City State Zip Code 71 W 83rd St New York NY 10024-5274 | Last Name | First | | | MI | Contribution ID # | | | |
| 71 W 83rd St New York NY 10024-52 Principal Occupation Name of Employer FINANCIAL ADVISOR MORGAN STANLEY | New York NY 10024-5274 Name of Employer | 71 W 83rd St New York NY 10024-5274 | ELLIS | | EVE | | | 0441 | | | |
| Principal Occupation Name of Employer FINANCIAL ADVISOR MORGAN STANLEY | Name of Employer | | Residential Street Address | City | | | State | Zip Code | | | |
| FINANCIAL ADVISOR MORGAN STANLEY | | Principal Occupation Name of Employer | 71 W 83rd St | | New York | | NY | 10024-5274 | | | |
| | MORGAN STANLEY | | | | Name of Employ | er | | | | | |
| | | FINANCIAL ADVISOR MORGAN STANLEY | FINANCIAL ADVISOR | | | | | | | | |
| V V | Is contributor a lobbyist, spouse, or Yes Amount of Contribution | | Is contributor a principal of a state contractor or prospective state contractor? | No | | 37 | Amou | ant of Contribution | | | |
| If yes, indicate which branch or branches of | _ | V | If yes, indicate which branch or branches of | | dependent cinia c | <u> </u> | | | | | |
| government the contract is with: | No No | If yes, indicate which branch or branches of | government the contract is with. | D-t- | D i 4 | | | | | | |
| Voc | D. D. J. J. J. G. (7.6) | If yes, indicate which branch or branches of government the contract is with: Executive Legislative Legislative X No | Vac | Date | Received | Aggregate Contributions | | | | | |
| Cash Personal Check | Date Received Aggregate Contributions | If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with Yes No dependent child of a lobbyist? Yes X No | Cash Personal Check | 11/ | 14/2017 | ±150.00 | | ±150.00 | | | |
| If yes, list Event # No Money Order X Credit/Debit Card 11/14/2017 \$150.00 \$150.00 | | If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Ves X No Executive Legislative Legislative X No Date Received Aggregate Contributions Date Received Aggregate Contributions One of the contract is with Personal Check Personal | | 11/ | 14/2017 | \$150.00 | | \$150.00 | | | |
| | 11/14/2017 \$150.00 \$150.00 | If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Ves X No | LAN | | | | | [0 (7 (ID) | | | |
| | 11/14/2017 \$150.00 \$150.00 | If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? If yes, list Event # Legislative Legislative Legislative Legislative Date Received Aggregate Contributions Aggregate Contributions \$\text{\$\text{\$\text{\$X\$}}\$ No}\$ \$\text{\$\text{\$\text{\$No\$}}\$ Method of contribution:} \text{\$\text{\$\text{\$\text{\$Personal Check}}\$} \$\text{\$\tex{ | | First | | | MI | | | | |
| | First \$150.00 \$150.00 \$150.00 | If yes, indicate which branch or branches of aovernment the contract is with: Is this contribution associated with an event reported in Section J1? If yes, list Event # Legislative Legislative Date Received Aggregate Contributions \$1/4/2017 \$150.00 \$150.00 Aggregate Contributions \$1/4/2017 \$1/4/2017 \$1/4/2017 \$1/4/2017 \$1/4/2017 | | C) | DAVID | | Gr. i | | | | |
| | First MI Contribution ID # DAVID 0442 | If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Last Name KAPLAN Legislative Legislative Legislative Legislative Legislative Legislative Legislative Legislative Legislative Date Received Aggregate Contributions \$11/14/2017 \$150.00 \$150.00 \$150.00 \$150.00 Aggregate Contributions \$150.00 \$150.00 \$150.00 | | City | 0 | | l | 1 * | | | |
| | Till | If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Last Name KAPLAN Residential Street Address Residential Street Address Legislative Date Received Aggregate Contributions \$\text{\$150.00}\$ \$\text{\$150.00}\$ \$\text{\$150.00}\$ \$\text{\$150.00}\$ \$\text{\$150.00}\$ \$\text{\$150.00}\$ \$\text{\$150.00}\$ State Zip Code | | | | | CI | 06831-3340 | | | |
| | Title | If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Last Name KAPLAN Residential Street Address Residential Street Address Belegerow Ln Residential Street Address Residential Str | | | | | | | | | |
| | Tangle T | If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Last Name KAPLAN Residential Street Address Residential Street Address 8 Hedgerow Ln Principal Occupation Yes Legislative Legislative Legislative Legislative Legislative Legislative Legislative Legislative Legislative Date Received Aggregate Contributions Aggregate Contributions \$ 150.00 \$ \$150.00 \$ \$150.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | | | | | | | | | |
| Voc X No | Tirst | If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Last Name KAPLAN Residential Street Address 8 Hedgerow Ln Principal Occupation INVESTMENT MANAGEMENT Legislative Legislative Legislative Legislative Date Received Aggregate Contributions Aggregate Contributions \$150.00 | is contributor a principal of a state contractor or prospective state contractor? | No | | Vaa | Amou | int of Contribution | | | |
| | Till | If yes, indicate which branch or branches of acovernment the contract is with: Is this contribution associated with an event reported in Section J1? If yes, list Event # Legislative Method of contribution: Cash Personal Check I1/14/2017 If yes, list Event # MI Contribution ID # Contributio | If yes, indicate which branch or branches of | | | <u> </u> | | | | | |
| If yes, indicate which branch or branches of | Tirst | If yes, indicate which branch or branches of government the contract is with: State | government the contract is with. | D. | D : 1 | | | | | | |
| government the contract is with: Executive Legislative | Tint | If yes, indicate which branch or branches of sovernment the contract is with: Is this contribution associated with an event reported in Section J1? If yes, list Event # Legislative Date Received Aggregate Contributions Aggregate Contributions \$ | Vec | Date | Received | Aggregate Contributions | | | | | |
| government the contract is with: Is this contribution associated with Method of contribution: Date Received Aggregate Contributions | Tint | If yes, indicate which branch or branches of government the contract is with: Executive | Cash Personal Check | 11/ | 14/2017 | +350.00 | | ±250.00 | | | |
| government the contract is with: Is this contribution associated with an event reported in Section J1? Executive Legislative Date Received Aggregate Contributions Personal Check LAULAGOLTZ | First DAVID State Zip Code CT 06831-3340 Name of Employer BARON CAPITAL X No Date Received Aggregate Contributions State Zip Code CT 06831-3340 Amount of Contribution Amount of Contribution | If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? If yes, list Event # Method of contribution: Date Received Aggregate Contributions | If yes, list Event # Money Order X Credit/Debit Card | 11/ | 14/2017 | \$350.00 | | \$350.00 | | | |
| government the contract is with: Is this contribution associated with an event reported in Section J1? Executive Legislative Date Received Aggregate Contributions Personal Check 11/14/2017 \$350.00 \$350.00 | Tint | If yes, indicate which branch or branches of sovernment the contract is with: Is this contribution associated with an event reported in Section J1? Last Name KAPLAN Residential Street Address 8 Hedgerow Ln Principal Occupation INVESTMENT MANAGEMENT Is contributor a principal of a state contractor or prospective status of the contract is with: Legislative Leg | LadNama | Fine | | | LM | Contribution ID# | | | |
| government the contract is with: Is this contribution associated with an event reported in Section J1? If yes, list Event # Executive Legislative L | Tirst | If yes, indicate which branch or branches of sovernment the contract is with: State Legislative | | FIISt | | | IVII | | | | |
| government the contract is with: Is this contribution associated with an event reported in Section J1? If yes, list Event # Legislative Date Received Aggregate Contributions Aggregate Contributions \$\frac{1}{3}\$ No \$\frac{1}{3}\$ No \$\frac{1}{3}\$ No No No No No No Personal Check Table Personal Check Table Cash No No No No No No No No No N | Tirst | Yes Legislative Legislat | | City | LOUISE | | C+-+- | | | | |
| Is this contribution associated with an event reported in Section J1? Last Name ZARRILLI Executive Legislative Date Received Aggregate Contributions Date Received 11/14/2017 \$350.00 \$350.00 First LOUISE Louis No Date Received Aggregate Contributions Aggregate Contributions \$350.00 \$350.00 | Tirst | Yes Legislative Legislat | | City | Didgowood | | | • | | | |
| Is this contribution associated with an event reported in Section J1? Last Name ZARRILLI Residential Street Address Executive Legislative Legislative Legislative Legislative Legislative Date Received Aggregate Contributions \$350.00 \$350.00 \$350.00 **Money Order X Credit/Debit Card** First LOUISE Mil Contribution 04443 0443 0443 0443 04443 | Tirst | Yes Legislative Legislat | ` | | 1 | ON . | INJ | 07450-2415 | | | |
| Is this contribution associated with an event reported in Section J1? Last Name ZARRILLI Residential Street Address 203 Heights Rd Executive Legislative Legislative Legislative Legislative Legislative Legislative Legislative Date Received Aggregate Contributions Aggregate Contributions \$350.00 \$350.00 \$350.00 *350.00 *350.00 *350.00 *350.00 *350.00 Ridgewood Ridgewood NJ 07450-24 | Tirst | Yes Legislative | | | | | N. | | | | |
| Executive Legislative Date Received Aggregate Contributions Is this contribution associated with an event reported in Section J1? If yes, list Event # Last Name ZARRILLI Residential Street Address 203 Heights Rd Pincipal Occupation Executive Legislative Legislative Legislative Date Received Aggregate Contributions \$350.00 \$350.00 \$350.00 \$350.00 \$350.00 First LOUISE City Ridgewood Name of Employer | First DAVID State Zip Code CT 06831-3340 Name of Employer BARON CAPITAL X No Date Received Aggregate Contributions Tirst LOUISE MI Contribution ID # 0442 Amount of Contribution MI Contribution ID # 0442 Zip Code CT 06831-3340 Amount of Contribution **Amount of Contribution** **Amount of Contribution* | Yes No dependent child of a lobbyist? Yes No dependent child of a lobbyist? Yes No No No No No No No N | | | | | JIN | | | | |
| Is this contribution associated with an event reported in Section J1? Last Name ZARRILLI Residential Street Address 203 Heights Rd Principal Occupation INVESTOR RELATIONS EXECUTIVE Method of contribution: Legislative Legislative Legislative Legislative Legislative Legislative Legislative Date Received Aggregate Contributions Aggregate Contributions \$350.00 \$350 | First DAVID State Zip Code CT 06831-3340 Name of Employer BARON CAPITAL Scontribution a lobbyist; spouse, or dependent child of a lobbyist? X No Date Received Aggregate Contributions Amount of Contribution ID # 0443 | Yes L No dependent child of a lobby;st? Yes No dependent child of a lobby;st? Yes No No No No No No No N | Yes X | No | is continuutor a r | | Amoi | ent of Contribution | | | |
| Executive Legislative Le | First MI Contribution ID # DAVID State Zip Code Greenwich CT 06831-3340 Name of Employer BARON CAPITAL X No Date Received Aggregate Contributions Tirst MI Contribution ID # O442 Amount of Contribution Amount of Contribution First MI Contribution ID # O443 City \$350.00 \$350.00 First O443 City State Zip Code NJ 07450-2413 Name of Employer TUDOR INVESTMENT CORPORATION Is contribution ID # O443 Name of Employer TUDOR INVESTMENT CORPORATION | | | | | | Amou | unt of Contribution | | | |
| Is this contribution associated with an event reported in Section J1? Last Name Last Name ZARRILLI Residential Street Address 203 Heights Rd Principal Occupation INVESTOR RELATIONS EXECUTIVE Louis Executive Legislative Legislative Legislative Legislative Legislative Louis Personal Check 11/14/2017 \$350.00 \$350. | First MI Contribution ID # O442 City State Zip Code CT 06831-3340 Name of Employer BARON CAPITAL X No Date Received Aggregate Contributions Tirst MI Contribution ID # O442 Amount of Contribution of Contribution ID # O442 Amount of Contribution ID # O443 City State Zip Code CT 06831-3340 Amount of Contribution of Contribution ID # O443 City State Zip Code NJ 07450-2413 Name of Employer TUDOR INVESTMENT CORPORATION Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | If yes, indicate which branch or branches of covernment the contract is with: Is this contribution associated with an event reported in Section J1? Is this contribution associated with an event reported in Section J1? Is this contribution associated with an event reported in Section J1? If yes, list Event # If yes, list Event # If yes, indicate which branch or branches of lower order is with: Is contribution associated with an event reported in Section J1? If yes, indicate which branch or branches of lower order is with: If yes, indicate which branch or branches of lower order is with: If yes, indicate which branch or branches of lower order is with: If yes, indicate which branch or branches of lower order is with: If yes, indicate which branch or branches of lower order is with: If yes, indicate which branch or branches of lower order or prospective state contractor? If yes, indicate which branch or branches of lower order or prospective state contractor? If yes, indicate which branch or branches of lower order or prospective state contractor? If yes, indicate which branch or branches of lower order or prospective state contractor? If yes, indicate which branch or branches of lower order or prospective state contractor? If yes, indicate which branch or branches of lower order or prospective state contractor? If yes, indicate which branch or branches of lower order or prospective state contractor? If yes, indicate which branch or branches of lower order or prospective state contractor? If yes, indicate which branch or branches of lower order or prospective state contractor? If yes, indicate which branch or branches of lower order or prospective state contractor? If yes, indicate which branch or branches of lower order or prospective state contractor? If yes, indicate which branch or branches of lower order or prospective state contractor? If yes, indicate which branch or branches of lower order or prospective state contractor? If yes, indicate which branch or branches of lower order or | Evacutiva Lagislativa | | | of a lobbyist? | Amou | ant of Contribution | | | |
| Is this contribution associated with an event reported in Section J1? Last Name Last Name ZARRILLI Residential Street Address 203 Heights Rd Principal Occupation INVESTOR RELATIONS EXECUTIVE Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with. Executive Legislative Legislative Legislative Date Received Aggregate Contributions Aggregate Contributions ### Aggregate Contributions ### ### Aggregate Contributions # | First | Yes Legislative Legislat | government the contract is with: Legislative Legislative Legislative Legislative Legislative | Date | dependent child o | of a lobbyist? Yes X No | Amou | ant of Contribution | | | |
| Is this contribution associated with an event reported in Section J1? Last Name Last Name ZARRILLI Residential Street Address 203 Heights Rd Principal Occupation INVESTOR RELATIONS EXECUTIVE Louis Executive Legislative Legislative Legislative Legislative Legislative Louis Personal Check 11/14/2017 \$350.00 \$350. | First | Yes, indicate which branche or branches of sovernment the contract is with: Security Legislative Legislati | government the contract is with: Is this contribution associated with Security Legislative L | Date | dependent child o | of a lobbyist? Yes X No | Amou | ant of Contribution | | | |
| Secontification of the contract is with: Executive Legislative L | First DAVID State Zip Code CT 06831-3340 Name of Employer BARON CAPITAL State | Yes Legislative Date No State N | government the contract is with: Is this contribution associated with an event reported in Section J1? X No Cash Personal Check | | dependent child of Received | fa lobbyist? Yes Aggregate Contributions | Amou | | | | |
| Is this contribution associated with an event reported in Section J1? Last Name ZARRILLI Residential Street Address 203 Heights Rd Principal Occupation INVESTOR RELATIONS EXECUTIVE Is contribution a speciated which branch or branches of government the contract is with: Is this contribution: Legislative Date Received Aggregate Contributions Aggregate Contributions Aggregate Contributions Aggregate Contributions Aggregate Contributions Aggregate Contributions First LOUISE MI Contribution O443 City Ridgewood NJ O7450-24 Principal Occupation INVESTOR RELATIONS EXECUTIVE 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: Is this contribution associated with an event reported in Section J1? Method of contribution: Date Received Aggregate Contributions Aggregate Contributions Aggregate Contributions Aggregate Contributions | First DAVID State Zip Code CT 06831-3340 Name of Employer BARON CAPITAL Sign No | Yes Legislative Date Received Legislative Legislative Date Received Aggregate Contributions associated with an event reported in Section 11? Yes Method of contribution: Personal Check 11/14/2017 \$150.00 \$15 | government the contract is with: Is this contribution associated with an event reported in Section J1? X No Cash Personal Check | | dependent child of Received | fa lobbyist? Yes Aggregate Contributions | Amou | | | | |
| Secontribution associated with an event reported in Section J1? Yes No | First DAVID State Zip Code CT 06831-3340 Name of Employer BARON CAPITAL X No | If yes, indicate which branch or branches of contractive Legislative | government the contract is with: Is this contribution associated with an event reported in Section J1? If yes, list Event # Executive Legislative L | 11/ | dependent child of Received | fa lobbyist? Yes Aggregate Contributions | | \$150.00 | | | |
| Is this contribution associated with an event reported in Section J1? Is this contribution associated with an event reported in Section J1? If yes, list Event # If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a sociated with an event reported in Section J1? If yes, list Event # Is contributor a Seciated with an event reported in Section J1? If yes, list Event # Is contributor a Seciated with an event reported in Section J1? If yes, list Event # Is contributor a Seciated with an event reported in Section J1? If yes, list Event # Is contributor a Seciated with an event reported in Section J1? If yes, list Event # Is contributor a Seciated with an event reported in Section J1? If yes, list Event # Is contributor a Seciated with an event reported in Section J1? If yes, list Event # Is contributor a Seciated with an event reported in Section J1? If yes, list Event # Is contributor a Seciated with an event reported in Section J1? If yes, list Event # Is contributor associated with an event reported in Section J1? If yes, list Event # Is contributor associated with an event reported in Section J1? Is contributor associated with an event reported in Section J1? Is contributor associated with an event reported in Section J1? Is contributor associated with an event reported in Section J1? Is contributor associated with an event reported in Section J1? Is contributor associated with an event reported in Section J1? Is contributor associated with an event reported in Section J1? Is contributor associated with an event reported in Section J1? Is contributor associated with an event reported in Section J1? Is contributor associated with an event reported in Section J1? Is contributor associated | First MI Contribution ID # O442 City State Zip Code CT O6831-3340 Name of Employer BARON CAPITAL X No | Fire Security Se | government the contract is with: Is this contribution associated with an event reported in Section J1? If yes, list Event # Last Name Executive Legislative Legi | 11/ | dependent child of Received | fa lobbyist? Yes Aggregate Contributions | | \$150.00 Contribution ID # | | | |
| Security Executive Legislative Legis | First Date Received Aggregate Contributions Date Received Aggregate Contribution ID # O443 | | government the contract is with: Is this contribution associated with an event reported in Section J1? If yes, list Event # Last Name BELL Executive Legislative Montpoor Cash Personal Check X No Money Order X Credit/Debit Card | 11/ First | dependent child of Received | fa lobbyist? Yes Aggregate Contributions | MI | \$150.00 Contribution ID # 0444 | | | |
| Is this contribution associated with an event reported in Section J1? Last Name Last Name ZARRILLI Residential Street Address TIVOR INVESTOR RELATIONS EXECUTIVE If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Yes Method of contribution: Cash Personal Check TiVes First LOUISE City Ridgewood NJ O7450-24 NJ O7450-24 NJ O7450-24 NJ O7450-24 Residential Street Address State Zip Code NJ O7450-24 TUDOR INVESTMENT CORPORATION If yes, indicate which branch or branches of government the contract is with: State Contribution associated with an event reported in Section J1? If yes, list Event # Method of contribution: State Contribution associated with an event reported in Section J1? Yes Method of contribution: Tubor Investment Corporation Tubor Investment Corporation Tubor Investment Corporation Aggregate Contributions Aggregate Contributions Aggregate Contributions Min Contribution associated with an event reported in Section J1? Yes No Method of contribution: Tubor Investment Corporations Aggregate Contributions Aggregate Contributions Aggregate Contributions Min Contribution associated with an event reported in Section J1? Yes Alessian ALESSIA MI Contribution of Managery Contributions Alessian ALESSIA MI Contribution of Managery Contributions Alessian ALESSIA State Zip Code | First DAVID State Zip Code CT 06831-3340 Name of Employer BARON CAPITAL Yes Amount of Contribution ID # 0442 No | | government the contract is with: Is this contribution associated with an event reported in Section J1? If yes, list Event # Legislative Method of contribution: Yes X No Cash Personal Check X Credit/Debit Card Last Name BELL Residential Street Address | 11/ First | dependent child of Received 14/2017 ALESSIA | fa lobbyist? Yes Aggregate Contributions | MI State | \$150.00 Contribution ID # 0444 Zip Code | | | |
| Is this contribution associated with an event reported in Section J1? Last Name Last Name ZARRILLI Residential Street Address TIVOR INVESTOR RELATIONS EXECUTIVE If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Yes Method of contribution: Cash Personal Check TiVes First LOUISE City Ridgewood NJ O7450-24 NJ O7450-24 NJ O7450-24 NJ O7450-24 Residential Street Address State Zip Code NJ O7450-24 TUDOR INVESTMENT CORPORATION If yes, indicate which branch or branches of government the contract is with: State Contribution associated with an event reported in Section J1? If yes, list Event # Method of contribution: State Contribution associated with an event reported in Section J1? Yes Method of contribution: Tubor Investment Corporation Tubor Investment Corporation Tubor Investment Corporation Aggregate Contributions Aggregate Contributions Aggregate Contributions Min Contribution associated with an event reported in Section J1? Yes No Method of contribution: Tubor Investment Corporations Aggregate Contributions Aggregate Contributions Aggregate Contributions Min Contribution associated with an event reported in Section J1? Yes Alessian ALESSIA MI Contribution of Managery Contributions Alessian ALESSIA MI Contribution of Managery Contributions Alessian ALESSIA State Zip Code | First Date Received Aggregate Contributions City State Zip Code CT O6831-3340 Name of Employer BARON CAPITAL X No | | government the contract is with: Is this contribution associated with an event reported in Section J1? If yes, list Event # Last Name BELL Residential Street Address 20 Greenbrier Rd Residential Street Address | 11/ First | dependent child of Received 14/2017 ALESSIA Westport | fa lobbyist? X No Aggregate Contributions \$150.00 | MI State | \$150.00 Contribution ID # 0444 Zip Code | | | |
| Is this contribution associated with an event reported in Section J1? Last Name Last Name Aggregate Contributions Agg | First DavID State Zip Code CT 06831-3340 Name of Employer BARON CAPITAL State Zip Code CT 06831-3340 Name of Employer BARON CAPITAL State Zip Code CT 06831-3340 Name of Employer BARON CAPITAL State Zip Code CT 06831-3340 No | Yes, indicate which branch or branches of corners it with an event reported in Section 17? Yes, Isa Event # Method of contributions an event reported in Section 17? Yes Method of contributions an event reported in Section 17? Yes Method of contributions an event reported in Section 17? Yes Method of contributions Personal Check 11/1 4/2017 \$150.00 | government the contract is with: Is this contribution associated with an event reported in Section J1? If yes, list Event # Last Name BELL Residential Street Address 20 Greenbrier Rd Principal Occupation Executive Legislative Legislative Legislative Legislative Method of contribution: Personal Check X No Money Order X Credit/Debit Card | 11/ First | Received 14/2017 ALESSIA Westport Name of Employ | of a lobbyist? X No Aggregate Contributions \$150.00 | MI State | \$150.00 Contribution ID # 0444 Zip Code | | | |
| Security Legislative Legislative Legislative Legislative Legislative Legislative Legislative Legislative Legislative Date Received Aggregate Contributions Received Aggregate Contributions Received Ridgewood Rid | First DAVID State Zip Code CT O6831-3340 Name of Employer BARON CAPITAL It contribution a lobby ist; spouse, or dependent child of a lobby ist? Yes | Yes, indicate which branch or branches of contract is with Fescutive Legislative Legislative Subsequence (Indicated a losbygiar) Yes Subsequ | government the contract is with: Is this contribution associated with an event reported in Section J1? If yes, list Event # Last Name BELL Residential Street Address 20 Greenbrier Rd Principal Occupation LEGAL | First City | Received 14/2017 ALESSIA Westport Name of Employ INTEC Is contributor a l | Aggregate Contributions \$150.00 er GREON obbyist, spouse, or | MI State CT | \$150.00 Contribution ID # 0444 Zip Code 06880-1613 | | | |
| Is this contribution associated with an event reported in Section J1? Last Name Last Name AZARRILLI Residential Street Address 203 Heights Rd Principal Occupation Investor ReLATIONS EXECUTIVE Is contributor a principal of a state contractor or prospective state contractor? Besidential Street Address First Legislative Date Received Aggregate Contributions ALBESIA ALBESSIA Aggregate Contributions Aggregate Contributions Aggregate Contributions All Contribution Contribution Adaptate Approach Approach Approach Approach Approach Aggregate Contributions Aggregate Contributions All Contribution Active Aggregate Contributions All Contribution Active Approach App | First DAVID State Zip Code CT O6831-3340 | Yes | government the contract is with: Is this contribution associated with an event reported in Section J1? If yes, list Event # Last Name BELL Residential Street Address 20 Greenbrier Rd Principal Occupation LEGAL Is contributor a principal of a state contractor or prospective state contractor? Legislative Le | First City | Received 14/2017 ALESSIA Westport Name of Employ INTEC Is contributor a l | Aggregate Contributions \$150.00 \$150.00 \$150.00 Per GREON Obbyist, spouse, or of a lobbyist? Yes | MI State CT | \$150.00 Contribution ID # 0444 Zip Code 06880-1613 | | | |
| Security Legislative Legislative Legislative Legislative Legislative Legislative Legislative Legislative Legislative Date Received Aggregate Contributions Received Aggregate Contributions Received Ridgewood Rid | First DAVID State Zip Code CT O6831-3340 | If yes, inclicate which branches of speciment and using the following of the processor of t | government the contract is with: Is this contribution associated with an event reported in Section J1? If yes, list Event # Last Name BELL Residential Street Address 20 Greenbrier Rd Principal Occupation LEGAL Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of | First City | Received 14/2017 ALESSIA Westport Name of Employ INTEC Is contributor a l | Aggregate Contributions \$150.00 \$150.00 \$150.00 Per GREON Obbyist, spouse, or of a lobbyist? Yes | MI State CT | \$150.00 Contribution ID # 0444 Zip Code 06880-1613 | | | |
| Sometiment the contract is with: If this contribution associated with an event reported in Section 17? It shis is contribution associated with an event reported in Section 17? It shis contribution associated with an event reported in Section 17? It ship to the properties of the section of the principal of a state contractor or prospective state contractor? It seems the contractor of the properties of the section of the properties of the section of the properties of the section of the principal of the properties of the section of the principal of the properties of the section of the principal of the properties of the properties of the principal of the properties of the principal of the | First DAVID Date Received Aggregate Contributions State Zip Code | Tyes, indicate which branche or of name lease of a common in which which one or name is which when the name lease of a common in which which when the name lease of a common in which which of controllations are event regarded a Section 17? Yes Method of controllations which when the presented of the common in which when the presented of a state common or prospective state contractor or prospective | government the contract is with: Is this contribution associated with an event reported in Section J1? If yes, list Event # Last Name BELL Residential Street Address 20 Greenbrier Rd Principal Occupation LEGAL 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: Is this contribution associated with Method of contribution: Legislative Legislative Legislative Legislative Legislative Legislative Legislative | First City | Received 14/2017 ALESSIA Westport Name of Employ INTEC Is contributor a l dependent child of | Aggregate Contributions \$150.00 er GREON obbyist, spouse, or of a lobbyist? X No | MI State CT | \$150.00 Contribution ID # 0444 Zip Code 06880-1613 | | | |
| Secontinution associated with an event reported in Section 117 | First DAVID State Zip Code CT 06831-3340 Name of Employer BARON CAPITAL State Zip Code CT 06831-3340 Date Received Aggregate Contributions State Zip Code CT 06831-3340 Date Received Aggregate Contributions State Zip Code CT 06831-3340 Date Received Aggregate Contributions State Zip Code CT 06831-3340 Date Received Aggregate Contributions State Zip Code NJ 07450-2413 City | Tyes, inclicate which branche or member or m | government the contract is with: Is this contribution associated with an event reported in Section J1? If yes, list Event # Last Name BELL Residential Street Address 20 Greenbrier Rd Principal Occupation LEGAL 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: Is this contribution associated with an event reported in Section J1? Executive Legislative Legislative Legislative Legislative Legislative Legislative | First City | Received 14/2017 ALESSIA Westport Name of Employ INTEC Is contributor a l dependent child of | Aggregate Contributions \$150.00 er GREON obbyist, spouse, or of a lobbyist? X No | MI State CT | \$150.00 Contribution ID # 0444 Zip Code 06880-1613 | | | |
| FINANCIAL ADVISOR MORGAN STANLEY | | | | | | er | INT | 10024-5274 | | | |
| Principal Occupation Name of Employer FINANCIAL ADVISOR MORGAN STANLEY | Name of Employer | | | City | Now York | | | • | | | |
| 71 W 83rd St New York NY 10024-52 Principal Occupation Name of Employer FINANCIAL ADVISOR MORGAN STANLEY | New York NY 10024-5274 Name of Employer | 71 W 83rd St New York NY 10024-5274 | | | EVE | | | . | | | |
| Residential Street Address 71 W 83rd St Principal Occupation FINANCIAL ADVISOR City New York New York New York Name of Employer MORGAN STANLEY | City | Residential Street Address City State Zip Code 71 W 83rd St New York NY 10024-5274 | Last Name | First | | | MI | Contribution ID # | | | |
| ELLIS EVE 0441 Residential Street Address City State Zip Code 71 W 83rd St New York NY 10024-52 Principal Occupation Name of Employer FINANCIAL ADVISOR MORGAN STANLEY | EVE | ELLISEVE0441Residential Street AddressCityStateZip Code71 W 83rd StNew YorkNY10024-5274 | B. Itemized Contributions f | om Inc | lividuals | | | | | | |
| Last Name ELLIS EVE State 71 W 83rd St Principal Occupation FINANCIAL ADVISOR FIRST EVE O441 O441 New York New York NY 10024-52 Name of Employer MORGAN STANLEY | First | Last Name First MI Contribution ID # ELLIS EVE 0441 Residential Street Address City State Zip Code 71 W 83rd St New York NY 10024-5274 | Dita for CT | | | January 10 Filing - Amendmer | nt | | | | |
| B. Itemized Contributions from Individuals Last Name ELLIS Residential Street Address 71 W 83rd St Principal Occupation FINANCIAL ADVISOR B. Itemized Contributions from Individuals First EVE City New York New York NY 10024-52 Name of Employer MORGAN STANLEY | First | B. Itemized Contributions from Individuals Last Name First MI Contribution ID # ELLIS EVE 0441 Residential Street Address City State Zip Code 71 W 83rd St New York NY 10024-5274 | | | , | TYPE OF REPORT | | | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Dita for CT B. Itemized Contributions from Individuals Last Name ELLIS Residential Street Address 71 W 83rd St Principal Occupation FINANCIAL ADVISOR FINANCIAL ADVISOR TYPE OF REPORT January 10 Filing - Amendment First EVE MI Contribution 6 V City New York New York New York Name of Employer MORGAN STANLEY | TYPE OF REPORT January 10 Filing - Amendment | NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Dita for CT B. Itemized Contributions from Individuals Last Name ELLIS Residential Street Address 71 W 83rd St TYPE OF REPORT January 10 Filing - Amendment First EVE First EVE State 71 W 83rd St New York TYPE OF REPORT TYPE OF REPORT LYPE OF REPORT TYPE OF REPORT TYPE OF REPORT LYPE OF REPORT TYPE OF REPORT LAW 10 Amendment First EVE State Type OF REPORT LAW 10 Amendment New 10 Amendment N | I. MONETARY RECEIPTS (Section A-I) | | | | | | | | |

Page 44 of 189

| 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 - Amendmen | ıt | | | | |
| B. Itemized Contributions from | n Ind | lividuals | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| NAZARIO | C'i | BRUNILDA | | G | 0445 | | | |
| Residential Street Address 520 W 23rd St Apt 12F | City | New York | | State NY | Zip Code 10011-1132 | | | |
| Principal Occupation | | Name of Employ | er | INI | 10011-1132 | | | |
| PHYSICIAN | | WEBM | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | Is contributor a le dependent child of | obbyist, spouse, or Yes | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of Executive Legislative | | dependent enna e | x _{No} | | | | | |
| government the contract is with: Is this contribution associated with Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section 31? | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 11/ | 15/2017 | \$375.00 | | \$375.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| BAIRD | 1 1100 | JENNIFER | | | 0446 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 175 Riverside Ave | | Riverside | | СТ | 06878-2212 | | | |
| Principal Occupation | | Name of Employ | er | | • | | | |
| CONSULTANT | | NEXT | DOOR VENTURES LLC | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | Is contributor a le dependent child of | obbyist, spouse, or Yes | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of Executive Legislative | | аеренаен сина с | x No | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | | | | | | | | |
| If yes, list Event # | 11/ | 15/2017 | \$100.00 | | \$100.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| RAMOS | | MARYANN | | | 0447 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 12 Glenville St Ste 105 | | Greenwich | | СТ | 06831-3638 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| RETIRED | | RETIR | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | Is contributor a li dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x No | | | | | |
| Is this contribution associated with Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section 31? | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 11/ | 15/2017 | \$100.00 | | \$100.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| OBERLANDER | | JILL | | | 0395 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 19 Bush Ave | | Greenwich | | СТ | 06830-7070 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| RETIRED Is contributor a principal of a state contractor or prospective state contractor? | | N/A Is contributor a l | obbyist, spouse, or | Amor | unt of Contribution | | | |
| Yes X No |) | dependent child o | of a lobbyist? | 7111100 | 2. Commonton | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | | | | |
| Is this contribution associated with Voc Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section 31? | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order Credit/Debit Card | 11/ | 15/2017 | \$350.00 | 1 | \$350.00 | | | |

Page 45 of 189

| L MONETARY RECEIPT | S (Se | ection A-I) | | | |
|--|-------|--|---|--|---------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | |
| Dita for CT | | | January 10 Filing - Amendmen | nt | |
| B. Itemized Contributions from | n Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| GREENBERG | | KENNETH | | | 0448 |
| Residential Street Address | City | | | State | Zip Code |
| 15 Sachem Rd | | Greenwich Name of Employ | | СТ | 06830-7230 |
| Principal Occupation | | | | | |
| ATTORNEY Is contributor a principal of a state contractor or prospective state contractor? | | | EMPLOYED obbyist, spouse, or | Amou | unt of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | dependent child of | Vac | Amot | ant of Contribution |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | |
| Is this contribution associated with Voc Method of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section 31? | | | | | |
| If yes, list Event # Cash Personal Check Money Order Credit/Debit Card | 11/ | 16/2017 | \$50.00 | | \$50.00 |
| L W | г | | | L | Louis D# |
| Last Name SIMON | First | LAURENCE | | MI | Contribution ID # |
| Residential Street Address | City | LAURENCE | | State | Zip Code |
| 48 Edgewood Dr | City | Greenwich | | CT | 06831-5240 |
| Principal Occupation | | Name of Employ | er | <u> </u> | |
| RETIRED | | RETIR | RED | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or Yes | Amou | unt of Contribution |
| If yes, indicate which branch or branches of |) | dependent child of | of a lobbyist? | | |
| government the contract is with: Executive Legislative | | | x _{No} | | |
| Is this contribution associated with Yes Wethod of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section J1? Cash Personal Check | | | | | |
| If yes, list Event # No Money Order X Credit/Debit Card | 11/ | 16/2017 | \$300.00 | | \$300.00 |
| Last Name | First | | | MI | Contribution ID # |
| SHAPIRO | | NEIL | | | 0450 |
| Residential Street Address | City | | | State | Zip Code |
| 163 Cognewaugh Rd | | Cos Cob | | СТ | 06807-1505 |
| Principal Occupation | | Name of Employ | er | = | • |
| RETIRED | | SELF | | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | ant of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | dependent enna e | x _{No} | | |
| government the contract is with: Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section J1? | Date | Received | Aggregate Contributions | | |
| X No Cash Personal Check | 11/ | 17/2017 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| RAO | | SUNIL | | | 0396 |
| Residential Street Address | City | | | State | Zip Code |
| 1 Sachem Trl | | Westport | | СТ | 06880-5715 |
| Principal Occupation | | Name of Employ | | | |
| TECHNOLOGY DIRECTOR Is contributor a principal of a state contractor or prospective state contractor? | | | NER, INC. obbyist, spouse, or | Amor | unt of Contribution |
| Yes X No |) | dependent child of | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | 1 | |
| an event reported in Section J1? Yes Cash X Personal Check | | | | | |
| If yes, list Event # Cash Personal Check Money Order Credit/Debit Card | 11/ | 18/2017 | \$100.00 | | \$100.00 |

Page 46 of 189

| 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 - Amendmer | nt | | | | |
| B. Itemized Contributions from | m Ind | lividuals | • | | | | | |
| Last Name SEYAL | First | AZIZ | | MI | Contribution ID # | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 138 Mona Ter . | | Fairfield | | CT | 06824 | | | |
| Principal Occupation | - | Name of Employ | er | | • | | | |
| | | | EMPLOYED | • | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes Yes | 0 | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | | | | |
| Is this contribution associated with Voc Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section 31? | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order Credit/Debit Card | 11/ | 18/2017 | \$200.00 | | \$100.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| AZALI | | AFAF | | | 0398 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 18 Old Stratfield Rd . | | Fairfield | | СТ | 06825 | | | |
| Principal Occupation | | Name of Employ | er | | • | | | |
| HOUSEWIFE | | N/A | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No | o | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | | | | |
| government the contract is with: Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | | | 1-88-18-10 | | | | | |
| If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card | 11/ | 18/2017 | \$100.00 | | \$100.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| внат | | GAUTAM | | | 0392 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 57 Coachlamp Ln | | Darien | | СТ | 06820-5220 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| IT Is contributor a principal of a state contractor or prospective state contractor? | | | APITAL | Amou | unt of Contribution | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes No | 0 | dependent child of | V | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x No | | | | | |
| Is this contribution associated with Voc Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section 31? | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order Credit/Debit Card | 11/ | 18/2017 | \$100.00 | | \$100.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| RAHMAN | | YELENA | | | 0393 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 6 Penny Ln | | Manchester | | CT | 06040-6870 | | | |
| Principal Occupation | | Name of Employ MARJ | er ARS SOURCING, INC. | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Is contributor a l dependent child of | obbyist, spouse, or | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of Executive Legislative | | 1 | x No | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | | | | | | | | |
| If yes, list Event # | 11/ | 18/2017 | \$200.00 | | \$100.00 | | | |

Page 47 of 189

| | S (Se | ection A-I) | 1 | | |
|---|------------------------------------|--|---|------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT January 10 Filing - Amendmer | nt . | |
| Dita for CT | | | Sandary 10 Filling - Amendmen | | |
| B. Itemized Contributions from | n Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| MUSTHAFA | | GHULAM | | | 0394 |
| Residential Street Address | City | | | State | Zip Code |
| 625 W Taft Ave | Ļ., | Bridgeport Name of Employe | | СТ | 06604-1829 |
| Principal Occupation STORE MANAGER | | SHOP | | | |
| | | | obbyist, spouse, or | Amou | ınt of Contribution |
| Yes X N | o | dependent child of | Voc | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | |
| Is this contribution associated with Ves Method of contribution: | Date | Received | Aggregate Contributions | 1 | |
| an event reported in Section J1? | | | | | |
| If yes, list Event # Cash Credit/Debit Card | 11/ | 18/2017 | \$100.00 | | \$100.00 |
| <u> </u> | I . | | | | |
| Last Name | First | A 717 | | MI | Contribution ID # |
| SEYAL Residential Street Address | City | AZIZ | | State | O397 Zip Code |
| 138 Mona Ter . | City | Fairfield | | СТ | 06824 |
| Principal Occupation | | Name of Employe | er | | |
| Realtor | | Willia | ım Raveis | | |
| Is contributor a principal of a state contractor or prospective state contractor? | , | | obbyist, spouse, or Yes | Amou | nt of Contribution |
| If yes, indicate which branch or branches of | 5 | dependent child of | of a lobbyist? | | |
| government the contract is with: | | | X No | | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| X Personal Cheek | | | | | |
| X X | | 40/2047 | 4100.00 | l . | +100.00 |
| If yes, list Event # Cash Credit/Debit Card | 11/ | 18/2017 | \$100.00 | : | \$100.00 |
| If yes, list Event # | 11/ | 18/2017 | \$100.00 | MI | \$100.00 Contribution ID # |
| If yes, list Event # | | 18/2017 YELENA | \$100.00 | | |
| If yes, list Event # | | | \$100.00 | | Contribution ID # |
| If yes, list Event # | First | | · · · · · · · · · · · · · · · · · · · | MI | Contribution ID # |
| If yes, list Event # | First | YELENA | | MI State | Contribution ID # 0393 Zip Code |
| Last Name RAHMAN Residential Street Address 6 Penny Ln Principal Occupation Director of Quality Control | First | YELENA Manchester Name of Employe | er IARS SOURCING, INC. | MI State CT | Contribution ID # 0393 Zip Code 06040-6870 |
| Last Name RAHMAN Residential Street Address 6 Penny Ln Principal Occupation | First | YELENA Manchester Name of Employe MARJ Is contributor a le | er NARS SOURCING, INC. Obbyist, spouse, or | MI State CT | Contribution ID # 0393 Zip Code |
| If yes, list Event # | First | YELENA Manchester Name of Employe | er IARS SOURCING, INC. obbbyist, spouse, or of a lobbyist? Yes | MI State CT | Contribution ID # 0393 Zip Code 06040-6870 |
| Last Name RAHMAN Residential Street Address 6 Penny Ln Principal Occupation Director of Quality Control 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: Legislative Method of contributions | First | YELENA Manchester Name of Employe MARJ Is contributor a ledependent child of | er PARS SOURCING, INC. Obbyist, spouse, or If a lobbyist? Yes X No | MI State CT | Contribution ID # 0393 Zip Code 06040-6870 |
| Last Name RAHMAN Residential Street Address 6 Penny Ln Principal Occupation Director of Quality Control 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: Is this contribution associated with an event reported in Section J1? Money Order Credit/Debit Card Credit/Debit Card Legislative Credit/Debit Card Method of contribution: | First | YELENA Manchester Name of Employe MARJ Is contributor a le | er IARS SOURCING, INC. obbbyist, spouse, or of a lobbyist? Yes | MI State CT | Contribution ID # 0393 Zip Code 06040-6870 |
| Last Name RAHMAN Residential Street Address 6 Penny Ln Principal Occupation Director of Quality Control 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: Is this contribution associated with Method of contribution: | First City Date | YELENA Manchester Name of Employe MARJ Is contributor a ledependent child of | er PARS SOURCING, INC. Obbyist, spouse, or If a lobbyist? Yes X No | MI State CT | Contribution ID # 0393 Zip Code 06040-6870 |
| Last Name RAHMAN Residential Street Address 6 Penny Ln Principal Occupation Director of Quality Control 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: Is this contribution associated with an event reported in Section J1? If yes, list Event # Method of contribution: A Cash Personal Check If yes, list Event # Money Order Credit/Debit Card | First City Date | YELENA Manchester Name of Employe MARJ Is contributor a ledependent child of the contributor of the cont | PARS SOURCING, INC. Obbyist, spouse, or If a lobbyist? X No Aggregate Contributions | MI State CT Amou | Contribution ID # 0393 Zip Code 06040-6870 Int of Contribution |
| Last Name RAHMAN Residential Street Address 6 Penny Ln Principal Occupation Director of Quality Control 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: Is this contribution associated with an event reported in Section J1? Last Name Money Order Credit/Debit Card Credit/Debit Card | First City Date | YELENA Manchester Name of Employe MARJ Is contributor a ledependent child of the contributor of the cont | PARS SOURCING, INC. Obbyist, spouse, or If a lobbyist? X No Aggregate Contributions | MI State CT | Contribution ID # 0393 Zip Code 06040-6870 Int of Contribution \$100.00 |
| Last Name RAHMAN Residential Street Address 6 Penny Ln Principal Occupation Director of Quality Control Is contributor a principal of a state contractor or prospective state contractor? | First City Date 11/ | YELENA Manchester Name of Employe MARJ Is contributor a ledependent child of the contributor of the cont | PARS SOURCING, INC. Obbyist, spouse, or If a lobbyist? X No Aggregate Contributions | MI State CT Amou | Contribution ID # 0393 Zip Code 06040-6870 Int of Contribution \$100.00 Contribution ID # 0399 |
| Last Name RAHMAN Residential Street Address 6 Penny Ln Principal Occupation Director of Quality Control 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: Is this contribution associated with an event reported in Section J1? Last Name Money Order Credit/Debit Card Credit/Debit Card | First City Date | YELENA Manchester Name of Employe MARJ Is contributor a ledependent child of the contributor of the cont | PARS SOURCING, INC. Obbyist, spouse, or If a lobbyist? X No Aggregate Contributions | MI State CT Amou | Contribution ID # 0393 Zip Code 06040-6870 Int of Contribution \$100.00 |
| Last Name RAHMAN Residential Street Address 6 Penny Ln Principal Occupation Director of Quality Control 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: Is this contribution associated with an event reported in Section J1? Last Name CHARLTON Residential Street Address | First City Date 11/ | YELENA Manchester Name of Employe MARJ Is contributor a le dependent child of the contributor of the dependent child of the contributor of the | er IARS SOURCING, INC. obbyist, spouse, or f a lobbyist? Yes X No Aggregate Contributions \$100.00 | MI State CT Amou | Contribution ID # 0393 Zip Code 06040-6870 Int of Contribution Contribution ID # 0399 Zip Code |
| Last Name RAHMAN Residential Street Address 6 Penny Ln Principal Occupation Director of Quality Control 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: Is this contribution associated with an event reported in Section J1? Last Name CHARLTON Residential Street Address 171 Birch Rd | First City Date 11/ | YELENA Manchester Name of Employe MARJ Is contributor a ledependent child of the contributor of the cont | er IARS SOURCING, INC. obbyist, spouse, or f a lobbyist? Yes X No Aggregate Contributions \$100.00 | MI State CT Amou | Contribution ID # 0393 Zip Code 06040-6870 Int of Contribution Contribution ID # 0399 Zip Code |
| Last Name RAHMAN Residential Street Address 6 Penny Ln Principal Occupation Director of Quality Control 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: Is this contribution associated with an event reported in Section J1? Last Name CHARLTON Residential Street Address 171 Birch Rd Principal Occupation Credit/Debit Card Credit/Debit Card | City Date 11/ First | YELENA Manchester Name of Employe MARJ Is contributor a ledependent child of the contributor of the cont | er IARS SOURCING, INC. obbyist, spouse, or of a lobbyist? Yes X No Aggregate Contributions \$100.00 | MI State CT Amou | Contribution ID # 0393 Zip Code 06040-6870 Int of Contribution Contribution ID # 0399 Zip Code |
| Last Name RAHMAN Residential Street Address 6 Penny Ln Principal Occupation Director of Quality Control 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: Is this contribution associated with an event reported in Section J1? Last Name CHARLTON Residential Street Address 171 Birch Rd Principal Occupation PARTNER Is contributor a principal of a state contractor or prospective state contractor? Money Order Credit/Debit Card | City Date 11/ First | YELENA Manchester Name of Employe MARJ Is contributor a ledependent child of the contributor and the co | er IARS SOURCING, INC. obbyist, spouse, or f a lobbyist? Yes X No Aggregate Contributions \$100.00 er ITTE & TOUCHE LLP obbyist, spouse, or f a lobbyist? Yes | MI State CT Amou | Contribution ID # 0393 Zip Code 06040-6870 Int of Contribution \$100.00 Contribution ID # 0399 Zip Code 06824 |
| Last Name RAHMAN Residential Street Address 6 Penny Ln Principal Occupation Director of Quality Control Is contributor a principal of a state contractor or prospective state contractor? | First City Date 11/ First City | YELENA Manchester Name of Employe MARJ Is contributor a ledependent child of the contributor and the co | er IARS SOURCING, INC. obbyist, spouse, or if a lobbyist? Yes X No Aggregate Contributions \$100.00 er ITTE & TOUCHE LLP obbyist, spouse, or if a lobbyist? Yes X No | MI State CT Amou | Contribution ID # 0393 Zip Code 06040-6870 Int of Contribution \$100.00 Contribution ID # 0399 Zip Code 06824 |
| Last Name RAHMAN Residential Street Address 6 Penny Ln Principal Occupation Director of Quality Control Is contributor a principal of a state contractor or prospective state contractor? | First City Date 11/ First City | YELENA Manchester Name of Employe MARJ Is contributor a ledependent child of the contributor and the c | er IARS SOURCING, INC. obbyist, spouse, or f a lobbyist? Yes X No Aggregate Contributions \$100.00 er ITTE & TOUCHE LLP obbyist, spouse, or f a lobbyist? Yes | MI State CT Amou | Contribution ID # 0393 Zip Code 06040-6870 Int of Contribution \$100.00 Contribution ID # 0399 Zip Code 06824 |

Page 48 of 189

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | |
|--|---------------|--|-----------------------------------|----------------|---------------|------------------------|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | <u>s (s</u> i | ection A-1) | TYPE OF REPOR | эт | | | | |
| Dita for CT | | | January 10 Filing - Amen | | | | | |
| B. Itemized Contributions from | n Ind | lividuals | | | | | | |
| | | iividuais | | | | | | |
| Last Name SINGH | First | ASHUTOSH | | | MI | Contribution ID # 0451 | | |
| Residential Street Address | City | | | $\neg \dagger$ | State | Zip Code | | |
| 94 Moraine Rd | | Morris Plains | | | NJ | 07950-2760 | | |
| Principal Occupation | | Name of Employe | er | | | | | |
| FINANCIAL ANALYST | | MSCI, | INC | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Is contributor a le dependent child o | obbyist, spouse, or f a lobbyist? | Yes | Amou | nt of Contribution | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x | No | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | \Box | | | | |
| an event reported in Section J1? | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 11/ | 19/2017 | \$100.00 | | | \$100.00 | | |
| Last Name | First | | | \neg | MI | Contribution ID # | | |
| BLEY | 1 1100 | DAN | | | | 0452 | | |
| Residential Street Address | City | 27.111 | | \dashv | State | Zip Code | | |
| 4 Morningside Dr N Apt 202 | ا ا | Westport | | | СТ | 06880-3854 | | |
| Principal Occupation | ! | Name of Employe | er | | | | | |
| CHIEF RISK OFFICER | | WEBS | TER BANK | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | | obbyist, spouse, or | Yes | Amour | nt of Contribution | | |
| If yes, indicate which branch or branches of | | dependent child o | · – | | | | | |
| government the contract is with: Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | 100 | | | | |
| an event reported in Section J1? | Date | Received | Aggregate Contributions | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 11/ | 19/2017 | \$100.00 | | : | \$100.00 | | |
| Last Name | First | • | | \equiv | MI | Contribution ID # | | |
| BALAN | FIISt | SATHYAPRIYA | A | | IVII | 0453 | | |
| Residential Street Address | City | | | | State | Zip Code | | |
| 519 8th St | | Brooklyn | | | NY | 11215-6910 | | |
| Principal Occupation | | Name of Employe | er | | | | | |
| TEACHER | | NY PU | BLIC SCHOOLS | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No | o | Is contributor a le dependent child o | obbyist, spouse, or f a lobbyist? | Yes | Amou | nt of Contribution | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x | No | | | | |
| Is this contribution associated with Yes Yes | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | | | | | | | | |
| If yes, list Event # Cash Credit/Debit Card | 11/ | 21/2017 | \$100.00 | | | \$100.00 | | |
| Last Name | First | | | \neg | MI | Contribution ID # | | |
| KLINTBERG | | GUNNAR | | | | 0391 | | |
| Residential Street Address | City | | | \neg | State | Zip Code | | |
| 22 Shore Rd | | Old Greenwic | h | | CT | 06870-1813 | | |
| Principal Occupation | - | Name of Employe | er | - | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No. | 0 | | obbyist, spouse, or | Yes | Amou | nt of Contribution | | |
| If yes, indicate which branch or branches of | | dependent child o | i a lobbyist? | | | | | |
| government the contract is with: | | | x | No | | | | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| x No Cash Personal Check | | 24/204= | \F0.65 | | | +25.00 | | |
| If yes, list Event # | 11/ | 21/2017 | \$50.00- | | | \$25.00 | | |

Page 49 of 189

| 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 - Amendmen | nt | | | | |
| B. Itemized Contributions from | n Ind | lividuals | | | | | | |
| Last Name KLINTBERG | First | GUNNAR | | MI | Contribution ID # | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 22 Shore Rd | | Old Greenw | ich | СТ | 06870-1813 | | | |
| Principal Occupation | | Name of Employ | er | • | • | | | |
| Independent Director | | | prudent Deferral Solutions | . | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | | | | |
| Is this contribution associated with Voc Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section 31? | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order Credit/Debit Card | 11/ | 21/2017 | \$25.00 | | \$25.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| DICHRISTINA | 1 1100 | PATRICE | | | 0454 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 81 Roton Ave | | Norwalk | | СТ | 06853-1639 | | | |
| Principal Occupation | | Name of Employ | er | • | • | | | |
| STUDENT | | N/A | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | Is contributor a le dependent child of | obbyist, spouse, or Yes | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of | | dependent enna e | | | | | | |
| government the contract is with: Is this contribution associated with Method of contribution: | Data | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | Date | Received | Aggregate Contributions | | | | | |
| If yes, list Event # | 11/ | 22/2017 | \$375.00 | | \$375.00 | | | |
| | | | | l | | | | |
| Last Name WHITTLE | First | ERNEST | | MI | Contribution ID # 0455 | | | |
| Residential Street Address | City | ERINEST | | State | Zip Code | | | |
| 416 Roxbury Rd | City | Stamford | | CT | 06902-1224 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| DENTIST | | SELF | EMPLOYED; ERNEST J. WHIT | TLE DDS L | LC | | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | | obbyist, spouse, or Yes | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of | | dependent child of | or a robbyist? | | | | | |
| government the contract is with: Executive Legislative | | D 1 1 | X No | | | | | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: Yes | Date | Received | Aggregate Contributions | | | | | |
| If yes, list Event # Cash Personal Check Money Order Credit/Debit Card | 11/ | 22/2017 | \$255.00 | | \$5.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| WHITTLE | 1 1100 | ERNEST | | | 0456 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 416 Roxbury Rd | | Stamford | | СТ | 06902-1224 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| DENTIST | | | EMPLOYED; ERNEST J. WHIT | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes Yes No |) | Is contributor a le dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | 1 | | | | |
| an event reported in Section J1? Yes Cash Personal Check | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 11/ | 22/2017 | \$255.00 | | \$250.00 | | | |

Page 50 of 189

| I MONETA DV DECEDTO (O. P A. D. | | | | | | | | |
|---|-------|--|------------------------------------|-------|------------------------|--|--|--|
| I. MONETARY RECEIPT | S (S | ection A-I) | I | | | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Dita for CT January 10 Filing - Amendment | | | | | | | | |
| Dita for CT January 10 Filing - Amendment | | | | | | | | |
| B. Itemized Contributions from | n Ind | lividuals | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| HALEY | | REGINA | | | 0457 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 48 Old Sawmill Rd | | Trumbull | | СТ | 06611-3355 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| MARKETING | | | NTAGE SOLUTIONS | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? | Amou | int of Contribution | | | |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | | | | |
| Is this contribution associated with Mathod of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | Date | Received | Aggregate Contributions | | | | | |
| X No Cash Personal Check | 11/ | 22/2017 | \$100.00 | | \$100.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 11/ | 22,2017 | Ψ100.00 | | 4100.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| BANUCCI | | EUGENE | | | 0458 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 9290 E Thompson Peak Pkwy Unit 153 | | Scottsdale | | AZ | 85255-4509 | | | |
| Principal Occupation | | Name of Employ | er | | ! | | | |
| CORPORATE DIRECTOR | | SELF | EMPLOYED | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | int of Contribution | | | |
| |) | dependent child of | of a lobbyist? | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | | | |
| Is this contribution associated with Yes Yes | Date | Received | Aggregate Contributions | 1 | | | | |
| an event reported in Section 31? | | | | | | | | |
| If yes, list Event # Cash Credit/Debit Card | 11/ | 22/2017 | \$100.00 | | \$100.00 | | | |
| If yes, list Event # | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| GARCIA | | JOSE | | | 0459 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| PO Box 382 | | Port Chester | | NY | 10573-0382 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| LANDSCAPING | | LUIS | LANDSCAPING & MAINTENAI | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | | obbyist, spouse, or Yes | Amou | int of Contribution | | | |
| If yes, indicate which branch or branches of | | dependent child of | of a followist: | | | | | |
| government the contract is with: Executive Legislative | | | x _{No} | | | | | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| X No Cash Personal Check | | /2 | 4400.00 | | | | | |
| If yes, list Event # No Money Order X Credit/Debit Card | 11/. | 24/2017 | \$100.00 | | \$100.00 | | | |
| LadVana | First | | | MI | Ct-ib-ti ID# | | | |
| Last Name NARULA | FIISt | AMAN | | IVII | Contribution ID # 0460 | | | |
| Residential Street Address | City | AMAN | | State | Zip Code | | | |
| 116 Danbury Riad Unit 5213 | City | Wilton | | CT | 06897 | | | |
| Principal Occupation | | Name of Employ | er | Ci | 00037 | | | |
| RESTAURANT MANAGER | | | an natural foods | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or | Amou | int of Contribution | | | |
| Yes X No |) | dependent child of | of a lobbyist? | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x No | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | 1 | | | | |
| an event reported in Section J1? | | | | | | | | |
| If yes, list Event # Cash Credit/Debit Card Cash Personal Check Money Order X Credit/Debit Card | 11/ | 25/2017 | \$100.00 | | \$100.00 | | | |
| ii yes, nst ii yent # | | | | | | | | |

Page 51 of 189

| I. MONETARY RECEIPT | S (Se | ection A-I) | 1 | | |
|--|--------|---|---|-------|---------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT January 10 Filing - Amendme | ant . | |
| Dita for CT January 10 Filing - Amendment | | | | | |
| B. Itemized Contributions from | n Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| SEBASTIAN | | LYNNE | | | 0461 |
| Residential Street Address | City | | | State | Zip Code |
| 63 Edgewater Commons Ln | | Westport | | СТ | 06880-6148 |
| Principal Occupation EXECUTIVE SEARCH | | Name of Employ | er IELD PARTNERS | | |
| | | | obbyist, spouse, or | Amou | ınt of Contribution |
| Yes X No |) | dependent child of | Voc | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | |
| Is this contribution associated with Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section 31? Cash Personal Check | | | | | |
| If yes, list Event # Cash Personal Check Value Cash Personal Check Cash Value Cash Personal Check Cash Cash Personal Check Cash Cash Personal Check Cash Cash Cash Personal Check Cash Cash | 11/ | 25/2017 | \$150.00 | | \$150.00 |
| Last Name | First | | | MI | Contribution ID # |
| RICHARD | 1 1130 | ANDREW | | 1411 | 0462 |
| Residential Street Address | City | 7.1.1511.211 | | State | Zip Code |
| 38 Grahampton Ln | | Greenwich | | СТ | 06830-3859 |
| Principal Occupation | | Name of Employ | er | • | • |
| BANKER | | CRED | IT SUISSE | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | | obbyist, spouse, or Galablariata | Amou | int of Contribution |
| If yes, indicate which branch or branches of | | dependent child of | if a fobbyist? | | |
| government the contract is with: | | | x _{No} | | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| Cash Personal Check | 11/ | DE/2017 | ¢3E0.00 | | ¢250.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 11/. | 25/2017 | \$350.00 | | \$350.00 |
| Last Name | First | | | MI | Contribution ID # |
| POLONIA | | BRIAN | | | 0463 |
| Residential Street Address | City | | | State | Zip Code |
| 120 W 183rd St Apt 54 | | Bronx | | NY | 10453-1144 |
| Principal Occupation | | Name of Employ | er | | |
| SOFTWARE ENGINEER | | | EMPLOYED | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | Is contributor a le dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | ınt of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | |
| government the contract of with | Date | Received | Aggregate Contributions | - | |
| an event reported in Section J1? | Buie | recerred | riggiogate controlations | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 11/ | 25/2017 | \$375.00 | | \$375.00 |
| Last Name | First | | | MI | Contribution ID # |
| SRINIVASAN | 1 1100 | AMRUTUR | | | 0464 |
| Residential Street Address | City | | | State | Zip Code |
| 25 Colony Cir | | Glastonbury | | СТ | 06033-2605 |
| Principal Occupation | | Name of Employe | er | - | • |
| ENGINEER | | RETIR | ED | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | Is contributor a le dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | ant of Contribution |
| If yes, indicate which branch or branches of | | sependent ennu e | x No | | |
| government the contract is with: In this contribution associated with Method of contribution: | Data | Received | Aggregate Contributions | - | |
| an event reported in Section J1? | Date | received | 115510gate Contributions | | |
| X No Cash Personal Check | 11/ | 26/2017 | \$100.00 | | \$100.00 |
| If yes_list Event # Money Order X Credit/Debit Card | i | | | 1 | |

Page 52 of 189

| 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 - Amendmen | it | | | | |
| B. Itemized Contributions from | n Ind | lividuals | | | | | | |
| Last Name GERMAN | First | MAGALIS | | MI | Contribution ID # 0465 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 2260 University Ave Apt 70 | | Bronx | | NY | 10468-6235 | | | |
| Principal Occupation | | Name of Employ | er | • | • | | | |
| HOME ATTENDANT | | | IERE HOME CARE | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes No |) | Is contributor a l dependent child of | obbyist, spouse, or | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | | | | |
| Is this contribution associated with Voc Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section 31? | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 11/2 | 26/2017 | \$375.00 | | \$375.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| BANGALORE | 1 1130 | SRINIVAS | | IVII | 0466 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 104 Harmund Pl | | Wethersfield | | СТ | 06109-1264 | | | |
| Principal Occupation | | Name of Employ | er | | • | | | |
| HEALTH PROGRAM ASSISTANT | | STATE | OF CT | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes | | | | | Amount of Contribution | | | |
| If yes, indicate which branch or branches of | | dependent child c | | | | | | |
| government the contract is with: Is this contribution associated with Method of contribution: | Data | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | Date | Received | Aggregate Contributions | | | | | |
| X No | 11/2 | 26/2017 | \$25.00 | | \$25.00 | | | |
| Lost Nome | First | | | MI | Contribution ID # | | | |
| Last Name SACHDEV | FIISU | DR. MOHAN | | MI | 0467 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 960 Kennedy Rd | | Windsor | | СТ | 06095-1931 | | | |
| Principal Occupation | | Name of Employ | er | • | • | | | |
| VETERINARIAN | | SELF | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | | | |
| Is this contribution associated with Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section 31? | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 11/2 | 26/2017 | \$375.00 | | \$375.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| AGRAWAL | | GIRIDHARI | | | 0408 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 22 Hampden Cir | | Simsbury | | СТ | 06070-1265 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| ENGINEER Is contributor a principal of a state contractor or prospective state contractor? | | SELF Is contributor a l | obbyist, spouse, or | Amou | unt of Contribution | | | |
| Yes X No |) | dependent child o | Vac | | | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | | | | |
| Is this contribution associated with X Voc Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| all event reported in Section 71? | | | | | | | | |
| If yes, list Event # 11262017A No Money Order Credit/Debit Card | 11/2 | 26/2017 | \$100.00 | | \$100.00 | | | |

Page 53 of 189

| L MONETARY RECEIPT | S (Se | ection A-I) | | | |
|--|-------|--------------------|------------------------------------|-------|---------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT | | | | | |
| Dita for CT | | | January 10 Filing - Amendmer | nt | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| SHAH | | VIJAY | | | 0405 |
| Residential Street Address | City | | | State | Zip Code |
| 212 Kinne Rd | L . | Glastonbury | | СТ | 06033-3852 |
| Principal Occupation ENGINEER | | Name of Employ | | | |
| | | | employed obbyist, spouse, or | Amor | unt of Contribution |
| Yes X N | 0 | dependent child of | Voc | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | |
| Is this contribution associated with | Date | Received | Aggregate Contributions | 1 | |
| all event reported in Section 31? | | | | | |
| If yes, list Event # 11262017A Cash Cash Personal Check No Money Order Credit/Debit Card | 11/ | 26/2017 | \$100.00 | 1 | \$100.00 |
| Last Name | First | | | MI | Contribution ID # |
| BASU | First | BARUN | | IVII | 0400 |
| Residential Street Address | City | D/ II/O/4 | | State | Zip Code |
| 38 Hope St | | Niantic | | СТ | 06357-2410 |
| Principal Occupation | • | Name of Employ | er | • | • |
| ARCHITECT | | BARU | N BASU | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | | obbyist, spouse, or Yes | Amou | unt of Contribution |
| If yes, indicate which branch or branches of | | dependent child of | | | |
| government the contract is with: Executive Legislative | Б. | D : 1 | | | |
| Is this contribution associated with an event reported in Section J1? | Date | Received | Aggregate Contributions | | |
| No Cash X Personal Check | 11/ | 26/2017 | \$100.00 | | \$100.00 |
| If yes, list Event # 11262017A | / | -0, 201, | Ψ100.00 | | |
| Last Name | First | | | MI | Contribution ID # |
| BASU | | LAKSHMI | | | 0401 |
| Residential Street Address | City | | | State | Zip Code |
| 38 Hope St . | L., | Niantic | | СТ | 06357 |
| Principal Occupation | | Name of Employ | er | | |
| PHYSICIAN Is contributor a principal of a state contractor or prospective state contractor? | | SELF | obbyjet enguse or | Amor | unt of Contribution |
| is contributor a principal of a state confunction of prospective state confunctor? Yes N | 0 | dependent child of | obbyist, spouse, or of a lobbyist? | Amot | int of Contribution |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | |
| Is this contribution associated with an expert concreted in Section 112 | Date | Received | Aggregate Contributions | 1 | |
| all event reported in Section 31? | | | | | |
| If yes, list Event # 11262017A | 11/2 | 26/2017 | \$100.00 | | \$100.00 |
| | | | | l | 1 |
| Last Name | First | MILIND | | MI | Contribution ID # |
| KALE Residential Street Address | City | MILIND | | State | O402 Zip Code |
| 525 Town Colony Dr | City | Middletown | | CT | 06457-5911 |
| Principal Occupation | | Name of Employ | er | | |
| PSYCHIATRIST | | MILIN | ID KALE, MD LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | | obbyist, spouse, or Yes | Amou | unt of Contribution |
| If yes, indicate which branch or branches of | v | dependent child of | 1 a 1000yist? | | |
| government the contract is with: | | | x _{No} | | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| No Cash X Personal Check | 11. | 06/2017 | #100.00 | | ¢100.00 |
| If yes list Event # 11262017A No Money Order Credit/Debit Card | I 11/ | 26/2017 | \$100.00 | | \$100.00 |

Page 54 of 189

| 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 - Amendmer | nt | | | | |
| B. Itemized Contributions from | n Ind | lividuals | • | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| RAMBHIA | | DAMI | | | 0403 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 66 Ruff Cir Principal Occupation | | Glastonbury Name of Employ | or . | СТ | 06033-1439 | | | |
| RETIRED | | RETIR | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or Yes | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of |) | dependent child of | of a lobbyist? | | | | | |
| government the contract is with: Legislative Legislative | | | x _{No} | | | | | |
| Is this contribution associated with an event reported in Section J1? X Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| No Cash X Personal Check | 11/ | 26/2017 | \$100.00 | | \$100.00 | | | |
| If yes, list Event # 11262017A | 11/ | 20/2017 | Ψ100.00 | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| SRINIVASAN | | KAMLA | | | 0404 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 25 Colony Cir | | Glastonbury | | СТ | 06033-2605 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| BOOK SALES | | | EMPLOYED | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | Is contributor a li dependent child of | obbyist, spouse, or of a lobbyist? | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of Executive Legislative | | • | x _{No} | | | | | |
| government the contract is with: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | | | 1-88-98-1 | | | | | |
| No Cash X Personal Check | 11/2 | 26/2017 | \$100.00 | | \$100.00 | | | |
| If yes, list Event # 11262017A | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| SHAH | | VIJAY | | | 0405 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 212 Kinne Rd | | Glastonbury | | CT | 06033-3852 | | | |
| Principal Occupation ENGINEER | | Name of Employ | er | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amor | ant of Contribution | | | |
| Yes ** No |) | dependent child of | | 1 111100 | ant of Continuation | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x No | | | | | |
| Is this contribution associated with Wethod of contribution: | Date | Received | Aggregate Contributions | 1 | | | | |
| an event reported in Section 71? | | | | | | | | |
| If yes, list Event # 11262017A No Anney Order Credit/Debit Card | 11/ | 26/2017 | \$200.00 | | \$100.00 | | | |
| Lad Name | First | | | Lva | Contribution ID # | | | |
| Last Name BRADFORD | First | ALLEN | | MI | Contribution ID # 0406 | | | |
| Residential Street Address | City | ALLEN | | State | Zip Code | | | |
| 81 Canton Rd . | | West Simsbu | ry | СТ | 06092 | | | |
| Principal Occupation | | Name of Employ | er | ! | | | | |
| ATTORNEY | | BRAD | FORD, PERLSTEIN & ASSOC | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of | | acpendent child (| | | | | | |
| government the contract is with: Is this contribution associated with Method of contribution: | Doto | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | Date | Received | Assiegate Contributions | | | | | |
| X No Cash X Personal Check | 11/2 | 27/2017 | \$50.00 | | \$50.00 | | | |
| If yes, list Event # | 1 | | | I | | | | |

Page 55 of 189

| I MONETA DV DECEDTO (C42 A D | | | | | | | | |
|--|-------|--------------------|------------------------------|-------|--------------------|--|--|--|
| I. MONETARY RECEIPT | S (S | ection A-I) | I | | | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | -1 | | | | |
| Dita for CT | | | January 10 Filing - Amendmer | 11 | | | | |
| B. Itemized Contributions from | n Ind | lividuals | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| LEWIS | | JOYCIE | | | 0468 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 13 Benedict Ct | | Greenwich | | СТ | 06830-5319 | | | |
| Principal Occupation | | Name of Employ | er | • | • | | | |
| CEO/OWNER | | AGOR | A SPA | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | , | | obbyist, spouse, or Yes | Amou | nt of Contribution | | | |
| | , | dependent child of | of a lobbyist? | | | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | | | | |
| Is this contribution associated with Yes Yes | Date | Received | Aggregate Contributions | 1 | | | | |
| an event reported in Section J1? | | | | | | | | |
| Ľ No I□ □ | 11/ | 27/2017 | \$100.00 | | \$100.00 | | | |
| If yes, list Event # | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| OLSSON | | JONATHAN | | | 0469 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 25 Ferncliff Rd | | Cos Cob | | СТ | 06807-1206 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| LAWYER | | NIELS | SEN | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | nt of Contribution | | | |
| |) | dependent child of | of a lobbyist? | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | 1 | | | | |
| an event reported in Section J1? | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 11/ | 27/2017 | \$100.00 | | \$100.00 | | | |
| If yes, list Event # | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| CONDON | | JANE | | | 0470 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 38 Close Rd | | Greenwich | | СТ | 06831-2722 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| COMEDIAN | | SELF, | JANE CONDON | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | nt of Contribution | | | |
| |) | dependent child of | of a lobbyist? | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | 1 | | | | |
| an event reported in Section J1? | | | | | | | | |
| X No Cash Personal Check | 11/ | 27/2017 | \$200.00 | | \$100.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| DEGRAW | | ELENI | | | 0471 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 112 Westland Rd | | Avon | | СТ | 06001-2349 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| WRITER | | SELF | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or Yes | Amou | nt of Contribution | | | |
| |) | dependent child of | of a foodyist? | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | 1 | | | | |
| an event reported in Section J1? | | | | | | | | |
| X No Cash Personal Check | 11/ | 27/2017 | \$100.00 | | \$100.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | l ´ | | * | 1 | | | | |

Page 56 of 189

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | |
|--|------------------------------|--------------------------|---|-------|--------------------|--|--|--|
| | 5 (56 | ection A-1) | TWDE OF DEDORT | | | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT | | | | | | | | |
| Dita for CT | January 10 Filing - Amendmer | ıı | | | | | | |
| B. Itemized Contributions from | n Ind | ividuals | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| ABELES | | SANDRA | | | 0472 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 3185 Crescent St 402 | | Astoria | | NY | 11106-3727 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| ATTORNEY | | NEW ' | YORK CITY | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | nt of Contribution | | | |
| is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | dependent child of | of a lobbyist? | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | | | | | | | | |
| X No Cash Personal Check | 11/2 | 27/2017 | \$50.00 | | \$50.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| ANGREJI | | DIPA | | | 0473 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 87 Wilton Woods Rd | City | Wilton | | CT | 06897-1124 | | | |
| Principal Occupation | | Name of Employ | or | Ci | 00097-1124 | | | |
| DIRECTOR | | | ci | | | | | |
| | | GE To contailentes of | -11i-t | | nt of Contribution | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | dependent child of | obbyist, spouse, or of a lobbyist? | Атои | nt of Contribution | | | |
| If yes, indicate which branch or branches of | | | | | | | | |
| government the contract is with: | | | | | | | | |
| Is this contribution associated with A second reported in Section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | | | | | | | | |
| If yes, list Event # | 11/2 | 28/2017 | \$375.00 | | \$375.00 | | | |
| | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| HERNANDEZ | | MARIA | | | 0474 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 120 W 183rd St Apt 44 | | Bronx | | NY | 10453-1143 | | | |
| Principal Occupation | | Name of Employ | er | - | • | | | |
| SALES CLERK | | BAKE | RY | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | nt of Contribution | | | |
| |) | dependent child of | • | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x No | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | | | | | | | | |
| X No Cash Check | 11/2 | 28/2017 | \$375.00 | | \$375.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | , | | | · | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| DAVIS | | JENNIFER | | | 0475 | | | |
| Residential Street Address | City | JEIVIVII EIX | | State | Zip Code | | | |
| 542 Lake Ave | City | Groonwich | | CT | 06830-3852 | | | |
| | | Greenwich | or | Ci | 00000-3032 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| HOMEMAKER Is contributor a principal of a state contractor or prospective state contractor? | | | eMPLOYED | A | nt of Contribution | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No | , | dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | nt of Contribution | | | |
| If yes, indicate which branch or branches of | | | x No | | | | | |
| government the contract is with: Executive Legislative | | n | | | | | | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: Yes | Date | Received | Aggregate Contributions | | | | | |
| _ | | | | | | | | |
| If yes, list Event # | 11/2 | 28/2017 | \$250.00 | | \$250.00 | | | |

Page 57 of 189

| I. MONETARY RECEIPT | S (Se | ection A-I) | 1 | | |
|---|----------|---------------------|---|-------------|------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT January 10 Filing - Amendme | ent | |
| Dita for CT January 10 Filing - Amendment | | | | | |
| B. Itemized Contributions from | n Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| ALLEN | | SARAH | | | 0476 |
| Residential Street Address | City | _ | | State | Zip Code |
| 511 W 232nd St Apt E32 | <u> </u> | Bronx | | NY | 10463-3560 |
| Principal Occupation ASSOCIATE DIRECTOR AND TUTOR | | Name of Employ ADVA | er NTAGE TESTING | | |
| Is contributor a principal of a state contractor or prospective state contractor? | ` | | obbyist, spouse, or Yes | Amou | ant of Contribution |
| If yes, indicate which branch or branches of | 5 | dependent child of | of a lobbyist? | | |
| government the contract is with: Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | - | |
| an event reported in Section J1? | Date | Received | Aggregate Contributions | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 11/ | 28/2017 | \$25.00 | | \$25.00 |
| Last Name | First | | | MI | Contribution ID # |
| BARCELLOS-ALLEN | 11130 | DANA | | 1411 | 0477 |
| Residential Street Address | City | 27.11.1 | | State | Zip Code |
| 5 Fall Brk | | Avon | | СТ | 06001-3523 |
| Principal Occupation | | Name of Employ | er | - | • |
| PR | | HESC | 0 | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | | obbyist, spouse, or Yes | Amou | ant of Contribution |
| If yes, indicate which branch or branches of government the contract is with: | | dependent child of | x No | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | 1 | |
| an event reported in Section J1? Cash Personal Check | 11/ | 28/2017 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 11/ | 20,2017 | \$100.00 | | 4100.00 |
| Last Name | First | | | MI | Contribution ID # |
| GUERRERO | | OMAR | | | 0478 |
| Residential Street Address | City | | | State | Zip Code |
| 120 W 183rd St Apt 44 | | Bronx | | NY | 10453-1143 |
| Principal Occupation CUSTOMER SERVICE | | Name of Employ TOYO | | | |
| | | | | Amor | unt of Contribution |
| Yes A No | O | dependent child of | 37 | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | |
| Is this contribution associated with Yes Yes | Date | Received | Aggregate Contributions | | |
| an event reported in Section J1? Its No Cash Personal Check If yes, list Event # Cash Credit/Debit Card | 11/ | 28/2017 | \$375.00 | | \$375.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| RAMER | C'i | JEFFREY | | - Cr. | 0407 |
| Residential Street Address 2 Wesskum Wood Rd | City | Riverside | | State CT | Zip Code 06878-1919 |
| Principal Occupation | | Name of Employ | er | 1 01 | 00070 1313 |
| RETIRED | | N/A | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | o | Is contributor a le | obbyist, spouse, or of a lobbyist? Yes | Amou | unt of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | p | x No | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | 1 | |
| an event reported in Section J1? | | | | | |
| If yes list Event # Cash X Personal Check Cash X Personal Check Credit/Debit Card | 11/ | 28/2017 | \$100.00 | | \$100.00 |

Page 58 of 189

| I. MONETARY RECEIPT | S (Se | ection A-I) | | | |
|---|---------------|---|---|----------|--------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | ` | <u> </u> | TYPE OF REPORT | | |
| Dita for CT | | | January 10 Filing - Amendmer | nt | |
| B. Itemized Contributions from | n Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| BELSHAW | | GEORGE | | | 0479 |
| Residential Street Address | City | | | State | Zip Code |
| 15 Rockview Dr | | Greenwich | | СТ | 06830-4612 |
| Principal Occupation | | Name of Employ | er | - | • |
| FATHER | | SELF | | _ | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | Is contributor a le dependent child of | obbyist, spouse, or Yes | Amou | nt of Contribution |
| If yes, indicate which branch or branches of | | dependent child c | | | |
| government the contract is with: Executive Legislative | | | x _{No} | | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| Cash Personal Check | | 20/2017 | +35.00 | | +25.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 11/2 | 29/2017 | \$25.00 | | \$25.00 |
| Last Name | First | | | MI | Contribution ID # |
| MINOR | First | CRAIG | | IVII | 0480 |
| Residential Street Address | City | CNAIG | | State | Zip Code |
| 88 Anderson Ave | City | Bristol | | CT | 06010-6739 |
| Principal Occupation | | Name of Employ | er | <u> </u> | 00010 0733 |
| CITY PLANNER | | | OF NEWINGTON | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or | Amou | nt of Contribution |
| |) | dependent child of | of a lobbyist? | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | |
| Is this contribution associated with Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section 31? | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 11/2 | 29/2017 | \$50.00 | | \$50.00 |
| If yes, list Event # | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| BLANK | | BRIDGET | | | 0481 |
| Residential Street Address | City | | | State | Zip Code |
| 11 Bolling Pl | | Greenwich | | СТ | 06830-6537 |
| Principal Occupation | | Name of Employ | | | |
| OWNER BEVERAGE DISTRIBUTOR | | | IMPORTS LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | Is contributor a li dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | nt of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | ī | x _{No} | | |
| government the contract is with: | Date | Received | Aggregate Contributions | | |
| an event reported in Section J1? | Date | Received | Aggregate Contributions | | |
| X No Cash Personal Check | 11/3 | 30/2017 | \$375.00 | | \$375.00 |
| If yes, list Event # | / | 30, 201, | Ψ575100 | | |
| Last Name | First | | | MI | Contribution ID # |
| SISLER | | DIANA | | | 0482 |
| Residential Street Address | City | | | State | Zip Code |
| 338 Bennett St | | Fairfield | | СТ | 06825-1373 |
| Principal Occupation | | Name of Employ | er | • | |
| CONSULTANT | | IFS LI | _C (SELF) | | |
| Is contributor a principal of a state contractor or prospective state contractor? | $\overline{}$ | | obbyist, spouse, or Yes | Amou | nt of Contribution |
| If yes, indicate which branch or branches of | - | dependent child of | of a foodyist? | | |
| government the contract is with: Executive Legislative | | | x _{No} |] | |
| Is this contribution associated with Yes Yes | Date | Received | Aggregate Contributions | | |
| an event reported in Section 31? | | | | | |
| If yes list Event # Cash Personal Check No Cash Personal Check | 11/3 | 30/2017 | \$25.00 | | \$25.00 |

Page 59 of 189

| 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 - Amendmer | ıt | | | | |
| B. Itemized Contributions from | n Ind | lividuals | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| MARCHAND | | DONAT ("DO | N") | | 0483 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 87 Birch Ln | | Greenwich | | СТ | 06830-3912 | | | |
| Principal Occupation ATTORNEY | | Name of Employer IVEY, | er BARNUM & O'MARA LLC | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | Is contributor a le | obbyist, spouse, or Yes | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of | | dependent child o | x No | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 11/ | 30/2017 | \$100.00 | | \$100.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| CROUCHER | | SARAH | | | 0484 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 168 Woodbine Rd | | Colchester | | СТ | 06415-1884 | | | |
| Principal Occupation | | Name of Employe | er | | • | | | |
| EXECUTIVE DIRECTOR | | NARA | L PRO-CHOICE CONNECTICU | ΙΤ | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | , | | obbyist, spouse, or Yes | Amov | ant of Contribution | | | |
| If yes, indicate which branch or branches of | | dependent child o | of a lobbyist? | | | | | |
| government the contract is with: Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | ł | | | | |
| an event reported in Section J1? | Buie | recerred | 1.6g. egate controlations | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 11/ | 30/2017 | \$10.00 | | \$10.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| DEONARINE | | DAVID | | | 0485 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 11 Horseshoe Ln | | Somers | | СТ | 06071-2235 | | | |
| Principal Occupation | | Name of Employe | er | | | | | |
| PAYMENT PROFESSIONAL | | | IER FINANCIAL SOLUTIONS | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | Is contributor a le dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | | | | |
| Is this contribution associated with Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? Cash Personal Check | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 11/ | 30/2017 | \$20.00 | | \$5.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| BHARUCHA | | DEBORAH | | | 0486 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 2 Bixby Ct | | Rye | | NY | 10580-1133 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| RETIRED Is contributor a principal of a state contractor or prospective state contractor? | | RETIR Is contributor a le | obbriet enouge or | Amou | unt of Contribution | | | |
| Yes X No |) | dependent child of | of a lobbyist? | | | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | | | | |
| Is this contribution associated with Voc Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section 31? | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 11/ | 30/2017 | \$100.00 | | \$100.00 | | | |

Page 60 of 189

| L MONETARY RECEIPT | S (Se | ection A-I) | | | |
|--|----------|--|------------------------------------|----------|---------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT | | | | | |
| Dita for CT | | | January 10 Filing - Amendmer | nt | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| SAMBERG | | JOEL | | | 0487 |
| Residential Street Address | City | | | State | Zip Code |
| 76 Cider Brook Rd | | Avon | | СТ | 06001-2831 |
| Principal Occupation | | Name of Employ | er | | |
| WRITER | | | EMPLOYED | 1 | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes Yes | 0 | Is contributor a l dependent child of | obbyist, spouse, or Of a lobbyist? | Amou | unt of Contribution |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section J1? | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 11/3 | 30/2017 | \$5.00 | | \$5.00 |
| If yes, list Event # | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| WILLIS | | KEITH | | | 0488 |
| Residential Street Address | City | | | State | Zip Code |
| 9967 Villa Rica Hwy | Щ, | Villa Rica | | GA | 30180-3601 |
| Principal Occupation | | Name of Employ | | | |
| GENERAL MANAGER Is contributor a principal of a state contractor or prospective state contractor? | | ALBEI | 11 1 · | Amou | unt of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X N | o | dependent child of | Vac | 7 111100 | an or commount |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section J1? | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 11/3 | 30/2017 | \$100.00 | | \$100.00 |
| If yes, list Event # Creativibetit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| BLEY | | KARI | | | 0489 |
| Residential Street Address | City | | | State | Zip Code |
| 4 Morningside Dr N Apt 202 | <u> </u> | Westport | | СТ | 06880-3854 |
| Principal Occupation STAY AT HOME | | Name of Employ NONE | | | |
| Is contributor a minainal of a state contractor or progressive state contractor? | | | obbyist, spouse, or | Amou | ant of Contribution |
| Yes Yes | o | dependent child of | | 7 111100 | an or commount |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | 1 | |
| an event reported in Section J1? | | | | | |
| If yes, list Event # Cash Credit/Debit Card | 11/3 | 30/2017 | \$375.00 | | \$175.00 |
| I stoney order | | | | | 1 |
| Last Name | First | | | MI | Contribution ID # |
| SUVARNA | | NANDITA | | | 0490 |
| Residential Street Address | City | Champfoud | | State | Zip Code |
| 144 Idlewood Dr Principal Occupation | | Stamford Name of Employ | er | СТ | 06905-2406 |
| BUSINESS OWNER | | | EMPLOYED | | |
| | | | -1.1 | Amou | ant of Contribution |
| Yes X N | 0 | dependent child of | Vac | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | |
| Is this contribution associated with an event reported in Section 11? Yes Method of contribution: | Date | Received | Aggregate Contributions | 1 | |
| | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 11/3 | 30/2017 | \$100.00 | | \$100.00 |

Page 61 of 189

| 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 | n Ind | lividuals | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| BLEY | | DAN | | | 0491 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 4 Morningside Dr N Apt 202 | <u> </u> | Westport | | СТ | 06880-3854 | | | | |
| Principal Occupation CHIEF RISK OFFICER | | Name of Employ WEBS | TER BANK | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 2 | | obbyist, spouse, or Yes | Amou | unt of Contribution | | | | |
| If yes, indicate which branch or branches of | 5 | dependent child of | of a lobbyist? | | | | | | |
| government the contract is with: Executive Legislative | | | | | | | | | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| X No Cash Personal Check | 11/ | 30/2017 | \$375.00 | | \$275.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 11/ | 30/2017 | ¥373.00 | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| SANGAMESWARAN | | JAYASHREE | | | 0492 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 31 Georgian Ln | | Darien | | СТ | 06820-3128 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| IT PROGRAM MANAGER | | | GITAL | 1 | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No | o | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | ant of Contribution | | | | |
| If yes, indicate which branch or branches of Executive Legislative | | dependent enna c | x _{No} | | | | | | |
| government the contract is with: Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | Dute | Received | Aggregate Contributions | | | | | | |
| If ves. list Event # Personal Check Money Order | 11/ | 30/2017 | \$25.00 | | \$25.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| BELSHAW | | GEORGE | | | 0493 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 15 Rockview Dr | <u> </u> | Greenwich | | СТ | 06830-4612 | | | | |
| Principal Occupation FATHER | | Name of Employ SELF | er | | | | | | |
| | | | obbyist, spouse, or | Amor | ant of Contribution | | | | |
| Yes A No | 0 | dependent child of | | | | | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | | | | | |
| Is this contribution associated with Voc Method of contribution: | Date | Received | Aggregate Contributions | 1 | | | | | |
| an event reported in Section 31? | | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 11/ | 30/2017 | \$275.00 | | \$250.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| KADABA | 11130 | ASHWINI | | 1411 | 0494 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 296 Grandview Dr | | Glastonbury | | СТ | 06033-3946 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| STUDENT | | STUD | | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No | o | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | unt of Contribution | | | | |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| X No | 11/ | 30/2017 | \$100.00 | | \$100.00 | | | | |

Page 62 of 189

| 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 - Amendmer | nt | | | | |
| B. Itemized Contributions | from Inc | lividuals | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| GIBSON | | KATIE | | | 0495 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 200 Arch Rd | | Avon | | СТ | 06001-4203 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| RETAIL | | | ES & NOBLE | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes | No | dependent child | obbyist, spouse, or of a lobbyist? Yes | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Car | 11/ | 30/2017 | \$25.00 | | \$25.00 | | | |
| In you, min 2 tour w | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| KADABA | - | ARVIND | | | 0496 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 296 Grandview Dr | ļ | Glastonbury Name of Employ | TOP. | СТ | 06033-3946 | | | |
| Principal Occupation ANALYST | | | O CAPITAL | | | | | |
| | 7 | | obbyjet enouse or | Amor | ant of Contribution | | | |
| Yes X | No | dependent child of | Vac | | | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | | | | | | | | |
| If yes, list Event # Cash Cash Personal Check X No | 11/ | 30/2017 | \$375.00 | | \$375.00 | | | |
| Types, his Event # | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| SETH | | SONAL | | | 0537 | | | |
| Residential Street Address | City | 0 | | State | Zip Code | | | |
| 41 Cliffdale Rd | | Greenwich | | СТ | 06831-2902 | | | |
| Principal Occupation INVESTMENTS | | Name of Employ | er EMPLOYED | | | | | |
| | | | obbyist, spouse, or | Amoi | ant of Contribution | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | No | dependent child | 37 | 111100 | an or commount | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section 31? | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Car | 12/ | 01/2017 | \$300.00 | | \$300.00 | | | |
| | | | | L | I | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| DURYEA Residential Street Address | City | TINA | | State | 0538 Zip Code | | | |
| 6 Deane Ct | City | Norwalk | | CT | 06853-1005 | | | |
| Principal Occupation | | Name of Employ | er | <u> </u> | 00033 1003 | | | |
| ARTIST | | SELF | | | | | | |
| | No No | Is contributor a l | obbyist, spouse, or Yes | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of | | dependent child of | of a foodyist: | | | | | |
| government the contract is with: | | | x _{No} | j | | | | |
| Is this contribution associated with an event reported in Section J1? | Date | Received | Aggregate Contributions | | | | | |
| X No Cash Personal Check | 10 | 01/2017 | ÷7F 00 | | ¢25.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Car | rd 12/ | 01/2017 | \$75.00 | 1 | \$25.00 | | | |

Page 63 of 189

| 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 - Amendmer | nt | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | | |
| Last Name CHICKLES | First | AMY | | MI | Contribution ID # | | | | |
| Residential Street Address | City | 7.1.1 | | State | Zip Code | | | | |
| 24 Cliff Ave | | Darien | | СТ | 06820-4914 | | | | |
| Principal Occupation | | Name of Employ | er | • | • | | | | |
| DIRECTOR AT NON-PROFIT | | SHEP | HERDS MENTORS | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | Is contributor a l dependent child of | obbyist, spouse, or | Amou | unt of Contribution | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x No | | | | | | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 01/2017 | \$50.00 | | \$50.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| RASTOGI | First | VEERA | | IVII | 0540 | | | | |
| Residential Street Address | City | VELIVI | | State | Zip Code | | | | |
| 128 Bedens Brook Rd | | Skillman | | NJ | 08558-2303 | | | | |
| Principal Occupation | | Name of Employ | er | • | • | | | | |
| LAWYER | | ETHIC | CON | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | | obbyist, spouse, or Yes | Amou | unt of Contribution | | | | |
| If yes, indicate which branch or branches of Executive Legislative | | dependent child of | x No | | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | 1 | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| If yes, list Event # | 12/ | 01/2017 | \$375.00 | | \$375.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| BECKMAN | | KRISTEN | | | 0541 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 100 Husted Ln | | Greenwich | | СТ | 06830-3935 | | | | |
| Principal Occupation | | Name of Employ | | 20.11.54 | - | | | | |
| SALES Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or | | ant of Contribution | | | | |
| Yes A No |) | dependent child of | | Amot | int of Contribution | | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | | | | | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| If yes, list Event # Cash Personal Check Money Order Credit/Debit Card | 12/ | 01/2017 | \$100.00 | | \$100.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| MCDERMOTT | Tilst | ANNE | | WII | 0542 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 27 Topstone Rd | | Ridgefield | | СТ | 06877-3410 | | | | |
| Principal Occupation | | Name of Employ | | | | | | | |
| CERTIFIED NURSE MIDWIFE Is contributor a principal of a state contractor or prospective state contractor? | | | SCHOOL OF NURSING obbyist, spouse, or | Amou | unt of Contribution | | | | |
| If yes, indicate which branch or branches of |) | dependent child of | of a lobbyist? | | | | | | |
| government the contract is with: | | | x _{No} |] | | | | | |
| Is this contribution associated with an event reported in Section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? X No Cash Personal Check | 43. | 02/2017 | #3F0 00 | | ¢250.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 12/ | 02/2017 | \$250.00 | | \$250.00 | | | | |

Page 64 of 189

| I. MONETARY RECEIPT | S (Se | ection A-I) | 1 | | |
|--|----------|--------------------|------------------------------|--|---------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | |
| Dita for CT | | | January 10 Filing - Amendmer | nt | |
| B. Itemized Contributions from | n Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| MENKE | 1 1150 | ELIZABETH | | | 0543 |
| Residential Street Address | City | | | State | Zip Code |
| 30 Soundview Farm | , | Weston | | CT | 06883-2628 |
| Principal Occupation | _ | Name of Employ | er | <u> </u> | |
| CONSULTANT, ENTREPRENEUR | | | ·· (INDEPENDENT CONTRACTO | R WITH BE | NTLEY ASSOCIAT |
| | | | obbyist, spouse, or | | int of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? Yes Yes | 0 | dependent child of | Voc | | |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section J1? | | | | | |
| X No Cash Personal Check | 12/0 | 02/2017 | \$250.00 | | \$250.00 |
| If yes, list Event # Money Order X Credit/Debit Card | ĺ | , | | | |
| Last Name | First | | | MI | Contribution ID # |
| HALEY | | SHAWN | | | 0544 |
| Residential Street Address | City | | | State | Zip Code |
| 48 Old Sawmill Rd | | Trumbull | | СТ | 06611-3355 |
| Principal Occupation | _ | Name of Employ | er | <u> </u> | 1 |
| PROGRAMMER | | JAYST | | | |
| | | | obbyjet enouge or | Amou | ınt of Contribution |
| is contributor a principal of a state contractor or prospective state contractor? Yes X No | 0 | dependent child of | Vac | | |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | |
| government the contract is with: | Date | Received | Aggregate Contributions | | |
| an event reported in Section J1? | | | 30 30 | | |
| X No Cash Personal Check | 12/ | 03/2017 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 12/ | 33/2017 | Ψ100.00 | | Ψ100.00 |
| Last Name | First | | | MI | Contribution ID # |
| FILMER | 1 1150 | SANDRA | | | 0545 |
| Residential Street Address | City | SANDIGA | | State | Zip Code |
| 10 Harriet Ln | City | Darien | | CT | 06820-4802 |
| Principal Occupation | <u> </u> | Name of Employ | er . | <u> </u> | 00020 4002 |
| RETIRED | | RETIR | | | |
| Is contributor a principal of a state contractor or promotive state contractor? | | | obbyist, spouse, or | Amou | unt of Contribution |
| Yes X No | 0 | dependent child of | | 111100 | an or control |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | |
| government the contract is with: | Date | Received | Aggregate Contributions | | |
| an event reported in Section J1? | | | 1-88-18-11 | | |
| X No Cash Personal Check | 12/0 | 03/2017 | \$50.00 | | \$50.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 12/ | 33,2017 | Ψ30.00 | | 430.00 |
| Last Name | First | | | MI | Contribution ID # |
| BECKMAN | 1 1150 | RICHARD | | | 0546 |
| Residential Street Address | City | REHARD | | State | Zip Code |
| 100 Husted Ln | City | Greenwich | | CT | 06830-3935 |
| Principal Occupation | _ | Name of Employ | er . | | 00030 3333 |
| PRESIDENT | | THE H | | | |
| | | | obbyiet enouse or | Δmou | unt of Contribution |
| is contributor a principal of a state contractor or prospective state contractor? | о | dependent child of | Vac | Aniou | or Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | |
| government the contract is with: | Dote | Received | Aggregate Contributions | | |
| an event reported in Section J1? | Date | received | Assicate Continutions | | |
| x No Cash Personal Check | 12/ | 73/2017 | \$100.00 | | \$100.00 |
| If yes_list Event # Money Order X Credit/Debit Card | I 12/ | 03/2017 | \$100.00 | I | φ100.00 |

Page 65 of 189

| 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 - Amendmer | ıt | | | | |
| B. Itemized Contributions from | n Ind | lividuals | • | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| CHAVAN | | SANTOSH | | | 0547 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 18 Lacey Ln | | Norwalk | | СТ | 06854-1116 | | | |
| Principal Occupation DIRECTOR | | Name of Employ TAKE- | | | | | | |
| | | | 11 1 · | Amor | unt of Contribution | | | |
| Yes X No |) | dependent child of | Vac | | | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | | | | |
| Is this contribution associated with Voc Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section 31? | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order Credit/Debit Card | 12/0 | 03/2017 | \$100.00 | | \$100.00 | | | |
| L AV | г | | | | Louis B" | | | |
| Last Name AKOLE | First | SUNIL | | MI | Contribution ID # 0548 | | | |
| Residential Street Address | City | JOINIL | | State | Zip Code | | | |
| 1 Lacey Ln # B | City | Norwalk | | CT | 06854-1116 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| FINANCIAL RISK MANAGER | | GE CA | APITAL | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | ` | | obbyist, spouse, or Yes | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of | , | dependent child of | of a lobbyist? | | | | | |
| government the contract is with: | | | x _{No} | | | | | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| Cash Personal Check | | 22/2017 | +400.00 | | +100.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 12/0 | 03/2017 | \$100.00 | | \$100.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| SELVARAJU | | SATHISKUMA | AR | | 0549 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 12 Crescent Park Rd | | Westport | | СТ | 06880-4538 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| DATABASE ADMINISTRATOR | | NASD | • | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | Is contributor a le dependent child of | obbyist, spouse, or of a lobbyist? | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of Executive Legislative | | F | x _{No} | | | | | |
| government the contract is with: Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | ł | | | | |
| an event reported in Section J1? | | | | | | | | |
| X No | 12/0 | 03/2017 | \$25.00 | | \$25.00 | | | |
| in yes, list Event # I Money Order III Credit/Debit Card | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| MISRA | | RAJNEESH | | | 0550 | | | |
| Residential Street Address | City | Namonilla | | State | Zip Code | | | |
| 35 Chatham Dr Principal Occupation | | Norwalk Name of Employ | er | СТ | 06854-2502 | | | |
| INFOSEC PROFESSIONAL | | PWC | Ci | | | | | |
| | | | obbyist, spouse, or | Amou | unt of Contribution | | | |
| |) | dependent child of | of a lobbyist? | | | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | | | | |
| Is this contribution associated with Voc Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in section 31? | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/0 | 03/2017 | \$100.00 | | \$100.00 | | | |

Page 66 of 189

| I. MONETARY RECEIPT | S (Se | ection A-I) | | | |
|--|-------|---|------------------------------|--------|---------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT | | | | | |
| Dita for CT | | | January 10 Filing - Amendmer | nt | |
| B. Itemized Contributions from | n Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| NEELAM | | UDAYA | | | 0551 |
| Residential Street Address | City | | | State | Zip Code |
| 656 S Indian Hill Rd | | Orange | | СТ | 06477-2026 |
| Principal Occupation | | Name of Employ | er | - | • |
| IT PROFESSIONAL | | SCUB | E GLOBAL SOLUTIONS INC | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Is contributor a le dependent child of | obbyist, spouse, or Yes | Amou | int of Contribution |
| If yes, indicate which branch or branches of | | dependent cinia c | · . | | |
| government the contract is with: Executive Legislative | لے | | | 4 | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| Cash Personal Check | 12/ | 22/2017 | ±100.00 | | +100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 12/0 | 03/2017 | \$100.00 | | \$100.00 |
| Last Name | First | | | MI | Contribution ID # |
| HONNAYA | First | VISHWANATI | 1 | IVII | 0552 |
| Residential Street Address | City | VISHWANAH | 1 | State | Zip Code |
| 60 Trailside Dr | City | Monroe | | CT | 06468-1480 |
| Principal Occupation | Ь | Name of Employ | er | I CI | 00400-1400 |
| SOFTWARE CONSULTANT | | RNV I | | | |
| | | | obbyjet enouge or | Amou | ınt of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | dependent child of | Voc | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | |
| In this contribution associated with | Date | Received | Aggregate Contributions | 1 | |
| an event reported in Section J1? | | | | | |
| X No Cash Personal Check | 12/0 | 03/2017 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| RANSDEN | | SUSAN | | | 0553 |
| Residential Street Address | City | | | State | Zip Code |
| 317 Davis Rd | | Fairfield | | СТ | 06825-2623 |
| Principal Occupation | • | Name of Employ | er | • | |
| ACCOUNTANT | | NEW | CENTURY HOLDINGS LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or Yes | Amou | nt of Contribution |
| If we sindicate which branch or branches of | 5 | dependent child of | a lobbyist: | | |
| government the contract is with: Executive Legislative | | | x _{No} | | |
| Is this contribution associated with Yes Yes | Date | Received | Aggregate Contributions | | |
| an event reported in section 31? | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/0 | 03/2017 | \$25.00 | | \$25.00 |
| | - | | | | I |
| Last Name | First | | | MI | Contribution ID # |
| BREBAN | o: | EDGAR | | a | 0497 |
| Residential Street Address | City | Mile | | State | Zip Code |
| 383 Milford Point Rd Principal Occupation | L | Milford Name of Employ | ON. | СТ | 06460-5338 |
| MARBLE/GRANITE REPAIR | | | R BREBAN | | |
| | | | obbyigt groups or | Amor | unt of Contribution |
| Yes X No | o | dependent child of | Voc | 711100 | Commonion |
| If yes, indicate which branch or branches of Executive Legislative | | | x No | | |
| government the contract is with: | Date | Received | Aggregate Contributions | † | |
| an event reported in Section J1? | | | | | |
| If yes, list Event # 12032017B XX Cash Personal Check No Money Order Credit/Debit Card | 12/0 | 03/2017 | \$100.00 | | \$100.00 |
| If yes_list Event # 12032017B | | | | | |

Page 67 of 189

| 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 - Amendmen | | | | | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | | |
| Last Name BORGHESAN | First | PATRICIA | | MI | Contribution ID # 0498 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 11 Scattergood Cir | | Trumbull | | СТ | 06611-2133 | | | | |
| Principal Occupation | | Name of Employ | | | | | | | |
| RETIRED | | RETIR | 11 : | Amor | unt of Contribution | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes Yes |) | dependent child o | obbyist, spouse, or of a lobbyist? Yes | Amot | int of Contribution | | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | | | | | |
| Is this contribution associated with X Voc Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| Cash Personal Check | | | | | | | | | |
| If yes, list Event # 12032017B No Money Order Credit/Debit Card | 12/0 | 03/2017 | \$100.00 | | \$100.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| RILEY | 1 1130 | SUSANN | | **** | 0499 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 30 Old Dike Rd . | | Trumbull | | СТ | 06611 | | | | |
| Principal Occupation | | Name of Employ | | | | | | | |
| ADJUNCT PROFESSOR | | | ATONIC COMMUNITY COLLEC | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | unt of Contribution | | | | |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | | | | | |
| government the contract is with: Is this contribution associated with an event reported in Section 112 X Yes Wethod of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? Yes Cash Personal Check | | | | | | | | | |
| If yes, list Event # 12032017B No Anney Order Cash Anney Order Credit/Debit Card | 12/0 | 03/2017 | \$25.00 | | \$25.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| SARDANA | | DINESH | | | 0500 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 84 Saint Johns Rd | | Wilton | | СТ | 06897-1821 | | | | |
| Principal Occupation ENGINEER | | Name of Employ PRICE | | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbvist, spouse, or | Amou | unt of Contribution | | | | |
| Yes A No |) | dependent child of | of a lobbyist? | | | | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | | | | | |
| Is this contribution associated with an event reported in Section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in section 31? | | 22 (22 4 7 | 4400.00 | | 1100.00 | | | | |
| If yes, list Event # 12032017A No Cash Personal Check Money Order Credit/Debit Card | 12/0 | 03/2017 | \$100.00 | | \$100.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| GIRARD | | JAN | | | 0501 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 11 L Hermitage Dr | | Shelton | | СТ | 06484-3829 | | | | |
| Principal Occupation RETIRED | | Name of Employ RETIR | | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or | Amou | unt of Contribution | | | | |
| If yes, indicate which branch or branches of |) | dependent child of | a lobbyist? | | | | | | |
| government the contract is with: | | | x _{No} | | | | | | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: Yes | Date | Received | Aggregate Contributions | | | | | | |
| No Cash Personal Check | 12/ | 04/2017 | \$100.00 | | \$100.00 | | | | |
| If yes, list Event # 12032017B Money Order Credit/Debit Card | / | J7/2U1/ | \$100.00 | | \$100.00 | | | | |

Page 68 of 189

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | |
|--|------------------------------|---|--|--------|------------------------|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT | | | | nt | | | | |
| Dita for CT | January 10 Filing - Amendmen | | | | | | | |
| B. Itemized Contributions from | m Ind | lividuals | | | | | | |
| Last Name BRENNAN | First | GRACE | | MI | Contribution ID # 0554 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 4745 Perugia St | L, | Dublin | | CA | 94568-4807 | | | |
| Principal Occupation OWNER | | Name of Employer HAPP | ^{er} / PANDA MANDARIN SCHOOI | L | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No | o | Is contributor a le dependent child of | obbyist, spouse, or fa lobbyist? Yes | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | | | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/0 | 04/2017 | \$100.00 | | \$100.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| MANGINI | | LISA | | | 0555 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 26 Soundview Farm | Щ. | Weston | | СТ | 06883-2628 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| PROFESSOR Is contributor a principal of a state contractor or prospective state contractor? | | | DELD UNIVERSITY Debyist, spouse, or | Amou | ant of Contribution | | | |
| Yes 🔼 No | o | dependent child o | Vac | Alliot | int of Contribution | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | | | |
| Is this contribution associated with Voc Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section 31? Cash Personal Check | 12/0 | 04/2017 | \$50.00 | | \$50.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 12/ | 54/2017 | Ψ30.00 | | | | | |
| Last Name MURPHY | First | JENNY | | MI | Contribution ID # | | | |
| Residential Street Address | City | 32 | | State | Zip Code | | | |
| 16 Irvine Rd | | Old Greenwic | h | СТ | 06870-1808 | | | |
| Principal Occupation | | Name of Employe | er | | • | | | |
| ADVERTISING | | TIME | INC. | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No. | o | Is contributor a le dependent child of | obbyist, spouse, or f a lobbyist? Yes | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | • | x _{No} | | | | | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: Yes | Date | Received | Aggregate Contributions | | | | | |
| Cash Personal Check | 12/(| 04/2017 | \$250.00 | | \$250.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 12/ | 5-1/2017 | Ψ230.00 | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| PARK | | BINA | | | 0557 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 18 N Sound Beach Ave Unit B | Щ. | Riverside | | СТ | 06878-1518 | | | |
| Principal Occupation ORTHODONTIST | | Name of Employ | PRTHODONTICS | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Is contributor a le | obbyist, spouse, or | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of | Š | dependent child o | f a lobbyist? | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? Yes Rescoret Check | | | | | | | | |
| X No Cash Personal Check | 12/0 | 04/2017 | \$250.00 | | \$250.00 | | | |

Page 69 of 189

| 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 - Amendmen | nt | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| BEHLEN | | PHYLLIS | | _ | 0558 | | | | |
| Residential Street Address | City | 0 | | State | Zip Code | | | | |
| 2 Ridgeview Ave | <u> </u> | Greenwich Name of Employ | | СТ | 06830-4748 | | | | |
| Principal Occupation RETIRED | | RETIR | | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | unt of Contribution | | | | |
| If yes, indicate which branch or branches of | 5 | dependent child of | of a lobbyist? | | | | | | |
| government the contract is with: Executive Legislative | | | | | | | | | |
| Is this contribution associated with an event reported in Section J1? | Date | Received | Aggregate Contributions | | | | | | |
| X No Cash Personal Check | 12/ | 04/2017 | \$100.00 | | \$100.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 12/ | 0 1/2017 | \$100.00 | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| WALKER | | COLIN | | | 0559 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 6 Melwood Ln | | Westport | | СТ | 06880-2809 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| ACTOR | | SAG-A | | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No | 0 | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | ant of Contribution | | | | |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | | | | | |
| government the contract is with: Is this contribution associated with Method of contribution: | Doto | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | Date | Received | Aggregate Contributions | | | | | | |
| X No Cash Personal Check | 12/ | 05/2017 | \$475.00 | | \$100.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| SAID | | KLAUS | | | 0560 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 144 Parsonage Rd | | Greenwich | | СТ | 06830-3943 | | | | |
| Principal Occupation | | Name of Employ | | | | | | | |
| RETIRED | | NONE | | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Is contributor a li dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | unt of Contribution | | | | |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 05/2017 | \$100.00 | | \$100.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| BARKER | 1 1150 | FLAVIA | | | 0561 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 13 Mortimer Dr | | Old Greenwid | ch | СТ | 06870-1914 | | | | |
| Principal Occupation | | Name of Employ | er | • | • | | | | |
| FLORAL DESIGNER | | SELF | | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | o | Is contributor a le dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | unt of Contribution | | | | |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | | | 20 0 | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 05/2017 | \$100.00 | | \$100.00 | | | | |

Page 70 of 189

| 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 - Amendmer | nt | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID# | | | | |
| SAKSENA | | DEEPIKA | | | 0562 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 354 Hoyt St | | Darien | | СТ | 06820-2407 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| RETIRED | | RETIR | RED | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | int of Contribution | | | | |
| |) | dependent child of | of a lobbyist? | | | | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | | | | | |
| Is this contribution associated with Yes Yes | Date | Received | Aggregate Contributions | 1 | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| Ľ No I□ □ | 12/ | 05/2017 | \$250.00 | | \$250.00 | | | | |
| If yes, list Event # | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| GADA | | AMERSHI | | | 0563 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 55 Brook Run Ln | | Stamford | | СТ | 06905-3002 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| SOFTWARE ENGINEER | | GE CA | APITAL | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | ` | | obbyist, spouse, or Yes | Amou | nt of Contribution | | | | |
| If yes, indicate which branch or branches of | , | dependent child of | of a lobbyist? | | | | | | |
| government the contract is with: | | | x _{No} | | | | | | |
| Is this contribution associated with Yes Yes | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| If yes, list Event # Cash Credit/Debit Card | 12/ | 05/2017 | \$25.00 | | \$25.00 | | | | |
| | | | | | - | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| BAUSMAN | | EVELYN | | | 0502 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 603 Steamboat Rd | | Greenwich | | CT | 06830-7172 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| NONE | | NONE | | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | | obbyist, spouse, or Yes | Amou | int of Contribution | | | | |
| If yes, indicate which branch or branches of | | dependent child of | a lobbyist: | | | | | | |
| government the contract is with: Executive Legislative | | | X No | | | | | | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| | | | | | | | | | |
| If yes, list Event # 12052017A Cash Credit/Debit Card | 12/ | 05/2017 | \$200.00 | | \$100.00 | | | | |
| - | | | | l | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| BAKER | O. | CHARLES | | G | 0507 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 19 Roberta Ln | | Greenwich | | СТ | 06830-3953 | | | | |
| Principal Occupation | | Name of Employ | | | | | | | |
| PRESIDENT Is contributor a principal of a state contractor or prospective state contractor? | | | ASSET MANAGEMENT, INC. | Amon | int of Contribution | | | | |
| is contributor a principal of a state contractor or prospective state contractor? Yes No |) | dependent child of | Voc | Amou | int of Contribution | | | | |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | | | | | |
| government the contract is with: | Data | Received | Aggregate Contributions | 1 | | | | | |
| an event reported in Section J1? | Date | ACCEIVEU | regregate Contributions | | | | | | |
| No Cash X Personal Check | 12/ | 05/2017 | \$100.00 | | \$100.00 | | | | |
| If yes, list Event # 12052017A Money Order Credit/Debit Card | +4/ | 00/201/ | φ100.00 | I | ¥100.00 | | | | |

Page 71 of 189

| 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 DHARANI | First | AMYNAH | | MI | Contribution ID # 0511 | | | | |
| Residential Street Address | City | APTINALI | | State | Zip Code | | | | |
| 11 Turner Ln | | Wilton | | СТ | 06897-2009 | | | | |
| Principal Occupation | | Name of Employ | er | | 1 | | | | |
| EXECUTIVE COACH & PSYCHOTHERAPIST | | TRAN | SCENDINITY, LLC | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | o | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? | Amou | unt of Contribution | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x No | | | | | | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card | 12/ | 05/2017 | \$100.00 | | \$100.00 | | | | |
| If yes, list Event # | | | | <u> </u> | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| DARANY Residential Street Address | City | BRITA | | State | 0519 Zip Code | | | | |
| 974 North St | City | Greenwich | | CT | 06831-2845 | | | | |
| Principal Occupation | | Name of Employ | er | CI | 1 00031 2043 | | | | |
| HOMEMAKER | | | MAKER | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | | obbyist, spouse, or Yes | Amou | unt of Contribution | | | | |
| If yes, indicate which branch or branches of | 5 | dependent child of | of a lobbyist? | | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| If yes, list Event # Cash No Money Order Credit/Debit Card | 12/ | 05/2017 | \$250.00 | | \$250.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| DARANY | | TIBOR | | | 0520 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 974 North St | | Greenwich | | СТ | 06831-2845 | | | | |
| Principal Occupation | | Name of Employ | | | | | | | |
| RETIRED Is contributor a principal of a state contractor or prospective state contractor? | | RETIF | obbyist, spouse, or | Amor | unt of Contribution | | | | |
| Yes X No | 0 | dependent child of | | Amot | int of Contribution | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | | | | |
| Is this contribution associated with Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? X No | | | | | | | | | |
| If yes, list Event # No Money Order Credit/Debit Card | 12/ | 05/2017 | \$200.00 | | \$100.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| SHEEL | | AMIT | | | 0525 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 4613 Wigley Estates Rd | <u> </u> | Marietta | | GA | 30066-1601 | | | | |
| Principal Occupation SR MANAGER | | Name of Employ | er .L CORP | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Is contributor a l | obbyist, spouse, or | Amou | unt of Contribution | | | | |
| If yes, indicate which branch or branches of | | dependent child of | a lobbyist? | | | | | | |
| government the contract is with: Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | | | 55 -5 | | | | | | |
| If yes, list Event # Cash Personal Check Money Order Credit/Debit Card | 12/ | 05/2017 | \$100.00 | | \$100.00 | | | | |

Page 72 of 189

| A MONTH DV DE GENERAL OF A 1 A 1 | | | | | | | | |
|--|--------|--|------------------------------------|-------|------------------------|--|--|--|
| I. MONETARY RECEIPT | S (Se | ection A-I) | 1 | | | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT | | | | .4 | | | | |
| Dita for CT January 10 Filing - Amendment | | | | ıt | | | | |
| B. Itemized Contributions from | n Ind | lividuals | | | | | | |
| Last Name BAUSMAN | First | EVELYN | | MI | Contribution ID # | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 603 Steamboat Rd | , | Greenwich | | ст | 06830-7172 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| Retired | | NONI | Ē | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | | obbyist, spouse, or Yes | Amou | nt of Contribution | | | |
| If yes, indicate which branch or branches of | | dependent child of | x No | | | | | |
| government the contract is with. | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | Duit | recerred | 1.66.06ate continuations | | | | | |
| If yes, list Event # 12052017A | 12/ | 05/2017 | \$100.00 | : | \$100.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| PONZO | 1 1100 | VINCENT | | | 0564 | | | |
| Residential Street Address | City | 11.102.11 | | State | Zip Code | | | |
| 420 W42ND St Apt 10B | | New York | | NY | 10036 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| EDUCATION | | COLU | MBIA BUSINESS SCHOOL | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | | obbyist, spouse, or Yes | Amou | nt of Contribution | | | |
| If yes, indicate which branch or branches of | , | dependent child of | of a foodyist? | | | | | |
| government the contract is with: | | | x No | | | | | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: Yes | Date | Received | Aggregate Contributions | | | | | |
| If yes, list Event # X No | 12/ | 06/2017 | \$30.11 | | \$30.11 | | | |
| | | | | | G . 7 | | | |
| Last Name BAKER | First | STEVEN | | MI | Contribution ID # 0565 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 22 Charles St | | Fairfield | | СТ | 06824-6402 | | | |
| Principal Occupation | | Name of Employ | er | - | - | | | |
| HOMEMAKER | | NONE | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? | Amou | nt of Contribution | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | | | | | | | | |
| If yes, list Event # | 12/ | 06/2017 | \$25.00 | | \$25.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| CHRISTIANSEN | | JED | | | 0566 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 1593 Kentfield Ave | | Redwood City | / | CA | 94061-2703 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| PRODUCT MANAGER Is contributor a principal of a state contractor or prospective state contractor? | | | STARS | A | nt of Contribution | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | dependent child of | - | Amou | nt of Contribution | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | | | | | | | | |
| If yes, list Event # | 12/ | 06/2017 | \$25.00 | | \$25.00 | | | |

Page 73 of 189

| 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 - Amendmen | | | | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | |
| Last Name MARCHAND | First | JANET H. | | MI | Contribution ID # | | | |
| Residential Street Address | City | JANLI II. | | State | Zip Code | | | |
| 87 Birch Ln | | Greenwich | | CT | 06830-3912 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| FORMER TEACHER/LIBRARIAN | | RETIR | RED GR. BOARD OF EDUC. | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No. | o | Is contributor a le dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | | | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 07/2017 | \$100.00 | | \$100.00 | | | |
| <u> </u> | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| SILVERMAN Residential Street Address | City | ERIC | | State | 0568 Zip Code | | | |
| 271 Mount Harmony Rd | City | Bernardsville | | NJ | 07924-1417 | | | |
| Principal Occupation | | Name of Employ | | 143 | 07924-1417 | | | |
| CONSTRUCTION | | | RACT LOGISTICS INC | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | | obbyist, spouse, or Yes | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of | 0 | dependent child of | of a lobbyist? | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? Yes Cash Personal Check | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 07/2017 | \$375.00 | | \$375.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| FORTENBAUGH | | MICHAEL | | | 0569 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 25 Gaisler Rd | | Blairstown | | NJ | 07825-9626 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| SAILORS Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or | Amor | unt of Contribution | | | |
| Yes 🔼 No | o | dependent child of | | Alliou | int of Contribution | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x No | | | | | |
| Is this contribution associated with Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? X No | l | | | | | | | |
| If yes, list Event # No Money Order X Credit/Debit Card | 12/ | 07/2017 | \$100.00 | | \$100.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| KALIMTZIS | | JOHN | | | 0570 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 2355 Spyglass HI | | Center Valley | | PA | 18034-8916 | | | |
| Principal Occupation PUBLISHING | | Name of Employ WEBN | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of | v | dependent child of | a lobbyist? | | | | | |
| government the contract is with: | - | | x _{No} | | | | | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| If yes, list Event # Cash Personal Check Money Order Credit/Debit Card | 12/ | 07/2017 | \$100.00 | | \$100.00 | | | |

Page 74 of 189

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | |
|--|-------|--------------------|-------------------------|-------|------------------------|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT | | | | | | | | |
| Dita for CT | nt | | | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| MCCOY | | CHRIS | | | 0571 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 1927 Greenwich St | | San Francisco | | CA | 94123-3509 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| EXECUTIVE Is contributor a principal of a state contractor or prospective state contractor? | | | ecoin, inc. | Amou | unt of Contribution | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | dependent child of | Vac | Amot | ant of Contribution | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | | | | |
| Is this contribution associated with Voc Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section 31? | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order Credit/Debit Card | 12/ | 07/2017 | \$50.00 | | \$50.00 | | | |
| | | | | I | | | | |
| Last Name | First | DARRY | | MI | Contribution ID # | | | |
| GASSMAN Residential Street Address | City | BARRY | | State | 0572 Zip Code | | | |
| 1005 Cordillera Way | City | Edwards | | CO | 81632-6222 | | | |
| Principal Occupation | | Name of Employ | er | CO | 81032-0222 | | | |
| RETIRED | | RETIR | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or | Amou | unt of Contribution | | | |
| |) | dependent child of | of a lobbyist? | | | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x No | | | | | |
| Is this contribution associated with Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section 11? | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 07/2017 | \$250.00 | | \$250.00 | | | |
| I av | Б | | | L | Louis B" | | | |
| Last Name GASSMAN | First | CATHERINE | | MI | Contribution ID # 0573 | | | |
| Residential Street Address | City | CATTILKTINE | | State | Zip Code | | | |
| 1005 Cordillera Way | City | Edwards | | CO | 81632-6222 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| RETIRED | | RETIR | RED | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or Yes | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of | , | dependent child of | of a foodyist? | | | | | |
| government the contract is with: | | | x _{No} | | | | | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| X No Cash Personal Check | | | | | | | | |
| If yes, list Event # No Money Order X Credit/Debit Card | 12/ | 07/2017 | \$250.00 | | \$250.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| MOOREFIELD | | DARDEN | | | 0574 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 111 Sussex St | | Jersey City | | NJ | 07302-4489 | | | |
| Principal Occupation | | Name of Employ | er | | • | | | |
| REAL ESTATE AGENT | | SELF | EMPLOYED | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | | obbyist, spouse, or Yes | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of | | dependent child of | a lobbyist? | | | | | |
| government the contract is with: | | D : 1 | x _{No} | | | | | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| X No Cash Personal Check | 12/ | 07/2017 | \$300.00 | | \$300.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | +4/ | 0,,201, | φ500.00 | I | 4200.00 | | | |

Page 75 of 189

| I. MONETARY RECEIPT | S (Se | ection A-I) | 1 | | |
|--|-------|---|--|------------|---------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Dita for CT January 10 Filing - Amendmen | | | | | |
| Dita for CT | iit. | | | | |
| B. Itemized Contributions from | n Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| ROGERS | | DAWN | | | 0575 |
| Residential Street Address | City | | | State | Zip Code |
| 2355 Spyglass HI | | Center Valley | | PA | 18034-8916 |
| Principal Occupation | | Name of Employ PFIZE | | | |
| HUMAN RESOURCES Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or | Amor | ant of Contribution |
| is contributor a principal of a state contractor or prospective state contractor? |) | dependent child of | Voc | Amot | int of Contribution |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x No | | |
| Is this contribution associated with Yes Method of contribution: | Date | Received | Aggregate Contributions | 1 | |
| an event reported in Section J1? Cash Personal Check | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 07/2017 | \$100.00 | | \$100.00 |
| Last Name | First | | | MI | Contribution ID # |
| OSBORNE | | CANDICE | | | 0576 |
| Residential Street Address | City | | | State | Zip Code |
| 18 Park View Ave Apt 717 | | Jersey City | | NJ | 07302-7385 |
| Principal Occupation | | Name of Employ | er | | |
| CITY COUNCIL | | CITY | OF NJ | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | Is contributor a le dependent child of | obbyist, spouse, or Yes | Amou | int of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | dependent child c | x No | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | - | |
| an event reported in Section J1? | | | 1.66.46 | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 07/2017 | \$375.00 | | \$375.00 |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| LANSING | | RAY | | | 0577 |
| Residential Street Address | City | | | State | Zip Code |
| 46 Old Sawmill Rd Trumbull Ct # 6611 , US | | Trumbull | | СТ | 06611 |
| Principal Occupation WOMEN'S WEAR PATTERN MAKER | | Name of Employ | | INC DATTED | NC |
| | | | obbyist, spouse, or | | int of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? Yes Yes |) | dependent child of | 37 | Amot | int of Contribution |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x No | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions |] | |
| an event reported in section 31? | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card Cash Cash | 12/ | 07/2017 | \$25.00 | | \$25.00 |
| Last Name | First | | | MI | Contribution ID # |
| ALLAN | 11130 | JULIA | | 1411 | 0526 |
| Residential Street Address | City | 30217 | | State | Zip Code |
| 105 Club Rd | | Riverside | | СТ | 06878-2003 |
| Principal Occupation | | Name of Employ | er | • | |
| DESTINATION SERVICE CONSULTANT | | DBY J | ULIA ALLAN | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | int of Contribution |
| If yes, indicate which branch or branches of | | acpendent ennu (| x No | | |
| government the contract is with: In this contribution associated with Method of contribution: | Doto | Received | Aggregate Contributions | - | |
| an event reported in Section J1? | Date | ACCUIVEU | Aggregate Contributions | | |
| X No Cash X Personal Check | 12/ | 07/2017 | \$100.00 | | \$100.00 |
| If yes_list Event # Money Order Credit/Debit Card | | | | 1 | |

Page 76 of 189

| I, MONETARY RECEIPT | 'S (Se | ection A_I) | | | |
|--|-----------------------------------|--|--|-------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | 0 (00 | .c.ion /x-i/ | TYPE OF REPORT | | |
| Dita for CT | | | January 10 Filing - Amendmer | nt | |
| B. Itemized Contributions from | m Ind | lividuala | | | |
| | 1 | iividuais | | T | [a . a |
| Last Name | First | ADDAM | | MI | Contribution ID # |
| NAPARSTEK Residential Street Address | City | ABRAM | | State | 0527 Zip Code |
| 41 3rd St | City | Brooklyn | | NY | 11231-4805 |
| Principal Occupation | <u> </u> | Name of Employ | or | INT | 11231-4603 |
| REAL ESTATE | | | ST CITY REALTY TRUST | | |
| | | | obbyist, spouse, or | Amou | nt of Contribution |
| Yes X N | 0 | dependent child of | Voc | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | |
| Is this contribution associated with As yes Method of contribution: Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section 31? | | | | | |
| U No I ☐ ····· ☐ ······ | 12/0 | 07/2017 | \$250.00 | | \$250.00 |
| If yes, list Event # 12072017B | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| CHOJAR | | BHARTI | | | 0509 |
| Residential Street Address | City | | | State | Zip Code |
| 33 Alpine Rd | L., | Greenwich | | СТ | 06830-3414 |
| Principal Occupation | | Name of Employ | | | |
| N/A | | | mployed | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes Yes | o | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | nt of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | |
| government the contract is with: | Doto | Received | Aggregate Contributions | | |
| an event reported in Section J1? | Date | Received | Aggregate Contributions | | |
| | | | | | |
| X Personal Cheek | 12/ | (07/2017 | \$250.00 | | \$250 OO |
| II I I | 12/ | 07/2017 | \$250.00 | ! | \$250.00 |
| If yes, list Event # 12072017A No Cash X Personal Check Money Order Credit/Debit Card | <u> </u> | 07/2017 | \$250.00 | | • |
| No Cash X Personal Check | 12/ | 07/2017 | \$250.00 | MI | \$250.00 Contribution ID # |
| If yes, list Event # 12072017A | <u> </u> | | \$250.00 | | Contribution ID # |
| If yes, list Event # 12072017A No Cash Noney Order Credit/Debit Card Last Name CHOJAR | First | | \$250.00 | MI | Contribution ID # |
| Last Name CHOJAR Residential Street Address Cash No Cash Money Order Credit/Debit Card Credit/Debit Card | First | BHARTI | · · | MI State | Contribution ID # 0509 Zip Code |
| Last Name CHOJAR Residential Street Address 33 Alpine Rd | First | BHARTI Greenwich | er · | MI State | Contribution ID # 0509 Zip Code |
| Last Name CHOJAR Residential Street Address 33 Alpine Rd Principal Occupation N/A | First | BHARTI Greenwich Name of Employ NONE Is contributor a l | er obbyist, spouse, or | MI State CT | Contribution ID # 0509 Zip Code |
| Last Name CHOJAR Residential Street Address 33 Alpine Rd Principal Occupation N/A Is contributor a principal of a state contractor or prospective state contractor? Yes Yes Yes N If yes, list Event # Personal Check Credit/Debit Card Credit/Debit Card | First | BHARTI Greenwich Name of Employ | er obbyist, spouse, or | MI State CT | Contribution ID # 0509 Zip Code 06830-3414 |
| Last Name CHOJAR Residential Street Address 33 Alpine Rd Principal Occupation N/A | First | BHARTI Greenwich Name of Employ NONE Is contributor a l | er obbyist, spouse, or | MI State CT | Contribution ID # 0509 Zip Code 06830-3414 |
| Last Name CHOJAR Residential Street Address 33 Alpine Rd Principal Occupation 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: Is this contribution associated with Residential Street Address 32 Alpine Rd Principal Occupation N/A Is contributor a principal of a state contractor or prospective state contractor? Yes X N Legislative | First City | BHARTI Greenwich Name of Employ NONE Is contributor a l | er obbyist, spouse, or | MI State CT | Contribution ID # 0509 Zip Code 06830-3414 |
| Last Name CHOJAR Residential Street Address 33 Alpine Rd Principal Occupation 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: Is this contribution associated with an event reported in Section J1? | First City Date | BHARTI Greenwich Name of Employ NONE Is contributor a l dependent child of | er obbyist, spouse, or f a lobbyist? X No Aggregate Contributions | MI State CT | Contribution ID # 0509 Zip Code 06830-3414 |
| Last Name CHOJAR Residential Street Address 33 Alpine Rd Principal Occupation 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: Is this contribution associated with an event reported in Section J1? Cash Money Order Credit/Debit Card Personal Check Credit/Debit Card Legislative Residential Street Address 33 Alpine Rd Principal Occupation N/A Is contributor a principal of a state contractor or prospective state contractor? Yes Method of contribution: Method of contribution: | First City Date | BHARTI Greenwich Name of Employ NONE Is contributor a l dependent child of | obbyist, spouse, or Yes X No | MI State CT Amou | Contribution ID # 0509 Zip Code 06830-3414 |
| Last Name CHOJAR Residential Street Address 33 Alpine Rd Principal Occupation 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: Is this contribution associated with an event reported in Section J1? No Cash No No Cash No Credit/Debit Card Personal Check Credit/Debit Card | First City Date | BHARTI Greenwich Name of Employ NONE Is contributor a l dependent child of | er obbyist, spouse, or f a lobbyist? X No Aggregate Contributions | MI State CT Amou | Contribution ID # 0509 Zip Code 06830-3414 nt of Contribution |
| Last Name CHOJAR Residential Street Address 33 Alpine Rd Principal Occupation 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: Is this contribution associated with an event reported in Section J1? Last Name Last Name Cash We Personal Check Credit/Debit Card No Cash We Personal Check Credit/Debit Card Anney Order Cash No Cash Method of contribution: Cash Method of contribution: Cash Money Order Credit/Debit Card | First City Date | BHARTI Greenwich Name of Employ NONE Is contributor a l dependent child of Received | er obbyist, spouse, or f a lobbyist? X No Aggregate Contributions | MI State CT Amou | Contribution ID # 0509 Zip Code 06830-3414 nt of Contribution \$250.00- |
| Last Name CHOJAR Residential Street Address 33 Alpine Rd Principal Occupation 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: Is this contribution associated with an event reported in Section J1? Last Name ROUZEAU | First First | BHARTI Greenwich Name of Employ NONE Is contributor a l dependent child of | er obbyist, spouse, or f a lobbyist? X No Aggregate Contributions | MI State CT Amou | Contribution ID # 0509 Zip Code 06830-3414 nt of Contribution \$250.00- Contribution ID # 0510 |
| Last Name CHOJAR Residential Street Address 33 Alpine Rd Principal Occupation 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: Is this contribution associated with an event reported in Section J1? Last Name ROUZEAU Residential Street Address A Personal Check Credit/Debit Card RouzeAu Residential Street Address | First City Date | BHARTI Greenwich Name of Employ NONE Is contributor a l dependent child of Received 97/2017 | er obbyist, spouse, or f a lobbyist? X No Aggregate Contributions | MI State CT Amou | Contribution ID # 0509 Zip Code 06830-3414 nt of Contribution \$250.00- Contribution ID # 0510 Zip Code |
| Last Name CHOJAR Residential Street Address 33 Alpine Rd Principal Occupation 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: Is this contribution associated with an event reported in Section J1? Last Name ROUZEAU Residential Street Address 122 Cat Rock Rd | First First | BHARTI Greenwich Name of Employ NONE Is contributor a l dependent child of Received 07/2017 LYDIA Cos Cob | er obbyist, spouse, or of a lobbyist? X No Aggregate Contributions \$500.00 | MI State CT Amou | Contribution ID # 0509 Zip Code 06830-3414 nt of Contribution \$250.00- Contribution ID # 0510 |
| Last Name CHOJAR Residential Street Address 33 Alpine Rd Principal Occupation 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: Is this contribution associated with an event reported in Section J1? Last Name ROUZEAU Residential Street Address 122 Cat Rock Rd Principal Occupation No Cash Method of contribution: Method of contribution: A Personal Check Credit/Debit Card | First First | BHARTI Greenwich Name of Employ NONE Is contributor a l dependent child of Received 97/2017 LYDIA Cos Cob Name of Employ | er obbyist, spouse, or of a lobbyist? X No Aggregate Contributions \$500.00 | MI State CT Amou | Contribution ID # 0509 Zip Code 06830-3414 nt of Contribution \$250.00- Contribution ID # 0510 Zip Code |
| Last Name CHOJAR Residential Street Address 33 Alpine Rd Principal Occupation No Residential Street Address 34 Alpine Rd Principal Occupation 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: Is this contribution associated with an event reported in Section J1? Last Name ROUZEAU Residential Street Address 122 Cat Rock Rd Principal Occupation REALTOR | First City O Tate 12/4 City | BHARTI Greenwich Name of Employ NONE Is contributor a l dependent child of Received 07/2017 LYDIA Cos Cob Name of Employ SELF | er obbyist, spouse, or of a lobbyist? X No Aggregate Contributions \$\\$500.00\$ | MI State CT Amou | Contribution ID # 0509 Zip Code 06830-3414 nt of Contribution \$250.00 Contribution ID # 0510 Zip Code 06807-1302 |
| Last Name CHOJAR Residential Street Address 33 Alpine Rd Principal Occupation No If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Last Name ROUZEAU Residential Street Address 122 Cat Rock Rd Principal Occupation REALTOR Is contributor a principal of a state contractor or prospective state contractor? Way Personal Check Credit/Debit Card Legislative Legislative Cash Method of contribution: Cash Money Order Credit/Debit Card Anney Personal Check Tredit/Debit Card Residential Street Address 122 Cat Rock Rd Principal Occupation REALTOR | First City O Tate 12/4 City | BHARTI Greenwich Name of Employ NONE Is contributor a l dependent child of Received 07/2017 LYDIA Cos Cob Name of Employ SELF | er obbyist, spouse, or | MI State CT Amou | Contribution ID # 0509 Zip Code 06830-3414 nt of Contribution \$250.00- Contribution ID # 0510 Zip Code |
| Last Name CHOJAR Residential Street Address 33 Alpine Rd Principal Occupation 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: Is this contribution associated with an event reported in Section J1? Last Name ROUZEAU Residential Street Address 122 Cat Rock Rd Principal Occupation REALTOR Is contributor a principal of a state contractor or prospective state contractor? Yes X N Method of contribution: Cash X Personal Check Money Order Credit/Debit Card Principal Occupation REALTOR Is contributor a principal of a state contractor or prospective state contractor? Yes X N Last Name ROUZEAU Residential Street Address 122 Cat Rock Rd Principal Occupation REALTOR Is contributor a principal of a state contractor or prospective state contractor? Yes X N If yes, indicate which branch or branches of | First City O Tate 12/4 City | BHARTI Greenwich Name of Employ NONE Is contributor a l dependent child of Received 07/2017 LYDIA Cos Cob Name of Employ SELF Is contributor a l | er obbyist, spouse, or f a lobbyist? X No Aggregate Contributions \$500.00 er obbyist, spouse, or f a lobbyist? Yes | MI State CT Amou | Contribution ID # 0509 Zip Code 06830-3414 nt of Contribution \$250.00 Contribution ID # 0510 Zip Code 06807-1302 |
| Last Name CHOJAR Residential Street Address 33 Alpine Rd Principal Occupation 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: Last Name ROUZEAU Residential Street Address 122 Cat Rock Rd Principal Occupation No Method of contribution: Adaptive Method of contribution: Adaptive Adaptive Residential Street Address 122 Cat Rock Rd Principal Occupation REALTOR Is contributor a principal of a state contractor or prospective state contractor? Yes X No Method of contribution: Adaptive Adaptive Adaptive Personal Check Credit/Debit Card Tendit/Debit Card Credit/Debit Card Credit/Debit Card Last Name ROUZEAU Residential Street Address 122 Cat Rock Rd Principal Occupation REALTOR Is contributor a principal of a state contractor or prospective state contractor? Yes X N Legislative Legislative | First City Date 12/4 City | BHARTI Greenwich Name of Employ NONE Is contributor a l dependent child of Received 07/2017 LYDIA Cos Cob Name of Employ SELF Is contributor a l | er obbyist, spouse, or | MI State CT Amou | Contribution ID # 0509 Zip Code 06830-3414 nt of Contribution \$250.00 Contribution ID # 0510 Zip Code 06807-1302 |
| Last Name CHOJAR Residential Street Address 33 Alpine Rd Principal Occupation 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: Is this contribution associated with an event reported in Section J1? Last Name ROUZEAU Residential Street Address 122 Cat Rock Rd Principal Occupation REALTOR Is contributor a principal of a state contractor or prospective state contractor? Legislative Legislative Personal Check A Personal Check Credit/Debit Card A Principal Occupation REALTOR 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: Is this contribution associated with an event reported in Section J1? We will be a personal Check Tredit/Debit Card Credit/Debit Card Executive Legislative Legislative Legislative | First City Date 12/4 City | BHARTI Greenwich Name of Employ NONE Is contributor a l dependent child of Received 07/2017 LYDIA Cos Cob Name of Employ SELF Is contributor a l dependent child of | er obbyist, spouse, or Yes if a lobbyist? if a lobbyist? if a lobbyist? if a lobbyist, spouse, or Yes if a lobbyist? if a lobbyist? if a lobbyist? | MI State CT Amou | Contribution ID # 0509 Zip Code 06830-3414 nt of Contribution \$250.00 Contribution ID # 0510 Zip Code 06807-1302 |
| Last Name CHOJAR Residential Street Address 33 Alpine Rd Principal Occupation 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: Is this contributor a principal of a state contractor or prospective state contractor? Legislative Personal Check Credit/Debit Card Principal Occupation No Method of contribution: Legislative Personal Check Credit/Debit Card Principal Occupation REALTOR Is contributor a principal of a state contractor or prospective state contractor? Yes No Method of contribution: Cash Personal Check Credit/Debit Card Principal Occupation REALTOR Is contributor a principal of a state contractor or prospective state contractor? Yes No Method of contribution: Legislative Legislative Legislative Legislative | First City Date 12/4 City O Date | BHARTI Greenwich Name of Employ NONE Is contributor a l dependent child of Received 07/2017 LYDIA Cos Cob Name of Employ SELF Is contributor a l dependent child of | er obbyist, spouse, or Yes if a lobbyist? if a lobbyist? if a lobbyist? if a lobbyist, spouse, or Yes if a lobbyist? if a lobbyist? if a lobbyist? | MI State CT Amou | Contribution ID # 0509 Zip Code 06830-3414 nt of Contribution \$250.00 Contribution ID # 0510 Zip Code 06807-1302 |

Page 77 of 189

| 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 - Amendmer | nt | | | | |
| B. Itemized Contributions from | n Ind | lividuals | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| ROSSI | | INDRANI | | | 0512 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 36 Oak St | | Greenwich | | СТ | 06831-5223 | | | |
| Principal Occupation ATTORNEY AT LAW | | Name of Employ | er ANI ROSSI | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or | Amou | unt of Contribution | | | |
| If was indicate which branch or branches of |) | dependent child of | of a lobbyist? | | | | | |
| government the contract is with: Executive Legislative | | | x _{No} | | | | | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: Yes | Date | Received | Aggregate Contributions | | | | | |
| Cash X Personal Check | 120 | 27/2017 | +450.00 | | +150.00 | | | |
| If yes, list Event # 12072017A No Money Order Credit/Debit Card | 12/ | 07/2017 | \$150.00 | | \$150.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| NIGAM | | LAKSHMI | | | 0505 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 228 Argyle Rd | | Cheshire | | СТ | 06410-2624 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| RETIRED | | RETIR | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | ant of Contribution | | | |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | | | | |
| government the contract is with: Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | Date | received | riggiogue Controutions | | | | | |
| X No Cash X Personal Check | 12/ | 08/2017 | \$100.00 | | \$100.00 | | | |
| If yes, list Event # | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| MARTINEZ | | RUBEN | | | 0578 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 7624 Tecoma Cir # 9205 | | Austin | | TX | 78735-1854 | | | |
| Principal Occupation PROGRAM MANAGER | | Name of Employ FACEI | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbvist, spouse, or | Amou | ant of Contribution | | | |
| Yes A No |) | dependent child of | | | | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | | | | |
| Is this contribution associated with Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section 11? | | | | | | | | |
| If yes, list Event # Cash Cash Personal Check Money Order X Credit/Debit Card | 12/ | 08/2017 | \$375.00 | | \$375.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| MARTINEZ | riist | BRUNA | | IVII | 0579 | | | |
| Residential Street Address | City | D. COTTA | | State | Zip Code | | | |
| 7624 Tecoma Cir # 9205 | | Austin | | TX | 78735-1854 | | | |
| Principal Occupation | | Name of Employ | er | | • | | | |
| PRE-IMPLEMENTATION SPECIALIST | | HOME | AWAY | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | Is contributor a le dependent child of | obbyist, spouse, or Yes | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of | | acpendent child (| a loodyist? | | | | | |
| government the contract is with: Is this contribution associated with Method of contribution: | Dete | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | Date | Received | Aggregate Contributions | | | | | |
| X No Cash Personal Check If yes, list Event # Money Order X Credit/Debit Card | 12/ | 08/2017 | \$175.00 | | \$175.00 | | | |
| If yes, list Event # | ı | | | I | | | | |

Page 78 of 189

| 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 - Amendmen | | | | | | | | |
| B. Itemized Contributions from | n Ind | lividuals | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| BROOKS | | ANITRA | | | 0580 | | | |
| Residential Street Address 510 E Putnam Ave Unit D4 | City | Coo Cob | | State | Zip Code | | | |
| Principal Occupation | <u> </u> | Cos Cob Name of Employ | er | СТ | 06807-2525 | | | |
| PERFORMING ARTIST | | | RA BROOKS | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | o | Is contributor a le dependent child of | obbyist, spouse, or Yes | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of Executive Legislative | | dependent ennu e | x _{No} | | | | | |
| Is this contribution associated with Voc. Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section 31? | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 08/2017 | \$25.00 | | \$25.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| TREPANIER | 1 1100 | Y. ANGELA | | | 0581 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 201 Marin Blvd # 1608 | | Jersey City | | NJ | 07302-6491 | | | |
| Principal Occupation | | Name of Employ | er | | • | | | |
| MARKETING | | SELF- | EMPLOYED | - | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Is contributor a le dependent child of | obbyist, spouse, or Yes | Amount of Contribution | | | | |
| If yes, indicate which branch or branches of Executive Legislative | | dependent child c | x No | | | | | |
| government the contract is with: Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | Dute | Received | riggiogue Controutions | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 08/2017 | \$100.00 | | \$100.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| MANS | | ALEXANDER | | | 0582 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 338 Spear St # 5F | | San Francisco | 0 | CA | 94105-6190 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| EXECUTIVE | | FLYR : | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes No | 0 | ls contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | | | | |
| Is this contribution associated with Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section 11? | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 09/2017 | \$200.00 | | \$200.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| SLATON | | SHARON | | | 0583 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| PO Box 252 | | Niantic | | СТ | 06357-0252 | | | |
| Principal Occupation | | Name of Employ | | c | | | | |
| EXECUTIVE ASSISTANT Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or | | unt of Contribution | | | |
| Yes X No | 0 | dependent child of | of a lobbyist? | | | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | | | | |
| Is this contribution associated with Voc Method of contribution: | Date | Received | Aggregate Contributions |] | | | | |
| an event reported in Section 31? | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 09/2017 | \$5.00 | | \$5.00 | | | |

Page 79 of 189

| 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 - Amendmen | | | | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| HORNSTEIN | | ABIGAIL | | | 0584 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 17 Edmond St | | Darien | | СТ | 06820-3111 | | | |
| Principal Occupation PROFESSOR | | Name of Employ WESL | er EYAN UNIVERSITY | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or | Amou | unt of Contribution | | | |
| If was indicate which branch or branches of | 0 | dependent child of | of a lobbyist? | | | | | |
| government the contract is with: Executive Legislative | | | x _{No} | | | | | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| X No Cash Personal Check | 12/ | 00/2017 | ¢250.00 | | ¢250.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 12/ | 09/2017 | \$250.00 | | \$250.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| SCHIFF | | ROBERT | | | 0585 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 850 Powell St Apt 106 | | San Francisco | 0 | CA | 94108-2036 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| MANAGEMENT CONSULTANT | | | NSEY & COMPANY | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No | 0 | Is contributor a li dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of Executive Legislative | | - | x _{No} | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | | | | | | | | |
| X No | 12/ | 09/2017 | \$250.00 | | \$250.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| NEVINS | | KATHARINE | | | 0586 | | | |
| Residential Street Address | City | Con Francisco | | State CA | Zip Code 94110-3219 | | | |
| 3122 22nd St Principal Occupation | | San Francisco Name of Employ | | CA | 94110-3219 | | | |
| PRODUCT MANAGER | | INTUI | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes No | | Is contributor a l | obbyist, spouse, or | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of | D | dependent child of | - | | | | | |
| government the contract is with: Executive Legislative | | | x _{No} | | | | | |
| Is this contribution associated with an event reported in Section J1? Wethod of contribution: Yes | Date | Received | Aggregate Contributions | | | | | |
| X No Cash Personal Check | 12/ | 00/2017 | 450.00 | | #F0.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 12/ | 09/2017 | \$50.00 | | \$50.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| STEWART | | JUSTINE | | | 0587 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 24 Cross Rd | | Darien | | СТ | 06820-6108 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| MOM | | NONE | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes No | 0 | dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? Yes Cash Personal Check | | | | | | | | |
| X No | 12/ | 10/2017 | \$375.00 | | \$375.00 | | | |

Page 80 of 189

| I. MONETARY RECEIPT | S (Se | ection A-I) | | | |
|---|------------------------------|---|--|-----------|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT January 10 Filing - Amendmen | nt | |
| Dita for CT | January 10 Filing - Amendmen | II. | | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name DEONARINE | First | DAVID | | MI | Contribution ID # 0588 |
| Residential Street Address | City | | | State | Zip Code |
| 11 Horseshoe Ln | | Somers | | СТ | 06071-2235 |
| Principal Occupation | | Name of Employ | | | |
| PAYMENT PROFESSIONAL | | | IER FINANCIAL SOLUTIONS | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X N | 0 | Is contributor a le dependent child of | obbyist, spouse, or of a lobbyist? | Amou | unt of Contribution |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | |
| Is this contribution associated with an event reported in Section J1? | Date | Received | Aggregate Contributions | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 10/2017 | \$25.00 | | \$5.00 |
| | Б: / | | | \ra | I c . i . i . i . i . ii . ii . ii . ii |
| Last Name KELLY | First | ALICE | | MI | Contribution ID # 0589 |
| Residential Street Address | City | ALICE | | State | Zip Code |
| 113 Sky Top Dr | | Fairfield | | СТ | 06825-1216 |
| Principal Occupation | | Name of Employ | er | | * |
| CLINICAL SOCIAL WORKER | | SELF | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | | obbyist, spouse, or Yes | Amou | unt of Contribution |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | dependent child of | of a lobbyist? | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section J1? Yes Cash Personal Check If yes, list Event # No Money Order Cash Credit/Debit Card | 12/ | 10/2017 | \$25.00 | | \$25.00 |
| | <u> </u> | | | | |
| Last Name PERRY | First | DIANE | | MI | Contribution ID # 0590 |
| Residential Street Address | City | | | State | Zip Code |
| 6 Perry Pl | | Riverside | | СТ | 06878-1224 |
| Principal Occupation | | Name of Employ | | | |
| RETIRED | | RETIR | | 1 | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X N | o | dependent child of | obbyist, spouse, or | Amou | unt of Contribution |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | |
| Is this contribution associated with an event reported in Section J1? | Date | Received | Aggregate Contributions |] | |
| Cash Personal Check | 12/ | 10/2017 | \$25.00 | | \$25.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 12/ | 10/2017 | \$25.00 | | \$25.00 |
| Last Name | First | | | MI | Contribution ID # |
| MCDERMOTT | | MARK | | | 0591 |
| Residential Street Address | City | | | State | Zip Code |
| 215 Old Post Rd | | Fairfield | | СТ | 06824-6234 |
| Principal Occupation TEXTILE SALES | | Name of Employ AMER | er ICAN & EFIRD LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? | o | | obbyist, spouse, or Yes | Amou | unt of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | dependent child of | x No | | |
| government the contract is with: | Date | Received | Aggregate Contributions | 1 | |
| an event reported in Section J1? | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 10/2017 | \$50.00 | | \$50.00 |

Page 81 of 189

| 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 - Amendmen | | | | | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| DONOHUE | | BRIAN | | | 0592 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 4009 Adeline St | | Emeryville | | CA | 94608-3626 | | | | |
| Principal Occupation SOFTWARE ENGINEERING MANAGER | | Name of Employ PINTE | | | | | | | |
| | | | obbyist, spouse, or | Amou | ent of Contribution | | | | |
| Yes X No |) | dependent child of | Voc | 7111100 | ant of Contribution | | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x No | | | | | | |
| Is this contribution associated with Yes Yes | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section 31? | | | | | | | | | |
| If yes, list Event # Cash Personal Check Cash Personal Check Cash Cash | 12/ | 10/2017 | \$25.00 | | \$25.00 | | | | |
| Lov | Б | | | | [0 . 7 . 6 . ID. # | | | | |
| Last Name CAPASSO | First | CHRISTIAN | | MI | Contribution ID # 0593 | | | | |
| Residential Street Address | City | CHRISTIAN | | State | Zip Code | | | | |
| 98 Orchard St Apt 2B | | New York | | NY | 10002-3149 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| PORTFOLIO MANAGER | | SUMM | IIT ROCK ADVISORS | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or Yes | Amou | nt of Contribution | | | | |
| If yes, indicate which branch or branches of Executive Legislative | , | dependent child of | of a lobbyist? | | | | | | |
| government the contract is with: Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | Dute | received | riggiogate Contributions | | | | | | |
| If yes, list Event # Cash Personal Check Money Order Credit/Debit Card | 12/: | 10/2017 | \$100.00 | | \$100.00 | | | | |
| if yes, list event # | | | | | _ | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| WEISS | | EVE | | | 0594 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 3135 Johnson Ave Principal Occupation | _ | Name of Employ | ON. | NY | 10463-3518 | | | | |
| MUSICIAN | | SELF | ci | | | | | | |
| | | | obbyist, spouse, or | Amou | int of Contribution | | | | |
| |) | dependent child of | of a lobbyist? | | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x No | | | | | | |
| Is this contribution associated with Yes Yes | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section 31? | | | | | | | | | |
| If yes, list Event # Cash Credit/Debit Card | 12/: | 10/2017 | \$25.00 | | \$25.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| PARMAR | | AKSHAY | | | 0595 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 1560 3rd Street East Msn BAY | | San Francisco | 0 | CA | 94158 | | | | |
| Principal Occupation | | Name of Employ | | | | | | | |
| STUDENT Is contributor a principal of a state contractor or prospective state contractor? | | STUD Is contributor a l | obbyist, spouse, or | Amou | nt of Contribution | | | | |
| Yes X No |) | dependent child of | of a lobbyist? | | | | | | |
| If yes, indicate which branch or branches of government the contract is with: | _ | | x No | | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| If yes, list Event # Cash Credit/Debit Card | 12/ | 10/2017 | \$100.00 | | \$100.00 | | | | |

Page 82 of 189

| I. MONETARY RECEIPT | S (Se | ection A-I) | | | |
|--|-------|---|---|----------|---------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | ` | , | TYPE OF REPORT | | |
| Dita for CT | | | January 10 Filing - Amendmer | nt | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID# |
| ROUP | | OLIVER | | | 0596 |
| Residential Street Address | City | | | State | Zip Code |
| 2100 Bay St Apt 302 | | San Francisco | 0 | CA | 94123-1949 |
| Principal Occupation | | Name of Employe | er | - | • |
| CEO | | VIGLI | NK | _ | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Is contributor a le dependent child of | obbyist, spouse, or Yes | Amou | int of Contribution |
| If yes, indicate which branch or branches of | | dependent cinia o | | | |
| government the contract is with: Executive Legislative | | D 1 1 | | | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 10/2017 | \$100.00 | | \$100.00 |
| in yes, list Event # | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| OAT-JUDGE | | SIOBHAN | | | 0597 |
| Residential Street Address | City | | | State | Zip Code |
| 2353 Lombard St Apt 304 | L | San Francisco | 0 | CA | 94123-2663 |
| Principal Occupation | | Name of Employ | er | | |
| DIPLOMAT | | | DEPARTMENT OF STATE | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No | o | Is contributor a le dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | int of Contribution |
| If yes, indicate which branch or branches of | | dependent enna e | | | |
| government the contract is with: Executive Legislative | | D 1 1 | | | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| Cash Personal Check | 12/ | 10/2017 | #40.00 | | +40.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 12/. | 10/2017 | \$49.99 | | \$49.99 |
| Last Name | First | | | MI | Contribution ID # |
| NORBY | | VIBHU | | | 0598 |
| Residential Street Address | City | | | State | Zip Code |
| 340 Fremont St Apt 515 | , | San Francisco | 0 | CA | 94105-2564 |
| Principal Occupation | • | Name of Employ | er | | ! |
| CEO | | В8ТА | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or | Amou | nt of Contribution |
| If was indicate which branch or branches of | U | dependent child o | | | |
| government the contract is with: Executive Legislative | | | x _{No} | | |
| Is this contribution associated with Yes Yes | Date | Received | Aggregate Contributions | | |
| an event reported in Section 31? | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 10/2017 | \$200.00 | | \$200.00 |
| Last Name | First | | | MI | Contribution ID # |
| SOBEL | 11130 | KENNETH | | IVII | 0599 |
| Residential Street Address | City | KLINIVLIII | | State | Zip Code |
| 740 Newman Dr | | South San Fr | ancisco | CA | 94080-2121 |
| Principal Occupation | | Name of Employe | | <u> </u> | 3.000 2121 |
| ENGINEER | | B8TA | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Is contributor a le | obbyist, spouse, or Yes | Amou | ant of Contribution |
| If yes, indicate which branch or branches of | | dependent child o | or a roobyist? | | |
| government the contract is with: | | | x _{No} | | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: Yes | Date | Received | Aggregate Contributions | | |
| an event reported in Section 31? | | | | | |
| If yes list Event # Cash Personal Check No Cash Personal Check Record Recor | 12/ | 10/2017 | \$100.00 | | \$100.00 |

Page 83 of 189

| 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 - Amendme | | | | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | |
| Last Name LINSKEY | First | JANET | | MI | Contribution ID # 0503 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 45 Edgewater Dr | | Old Greenwid | ch | СТ | 06870-1942 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| RETIRED | | RETIR | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes No |) | Is contributor a li dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | | | | |
| Is this contribution associated with X Voc Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| Cash Personal Check | | | | | | | | |
| If yes, list Event # 12052017A No Money Order Credit/Debit Card | 12/: | 10/2017 | \$75.00 | | \$75.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| LINSKEY | | PATRICK | | | 0504 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 45 Edgewater Dr | | Old Greenwid | ch | СТ | 06870-1942 | | | |
| Principal Occupation | | Name of Employ | er | • | • | | | |
| RETIRED | | RETIR | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amount of Contribution | | | | |
| If yes, indicate which branch or branches of Executive Legislative | | dependent enna c | x _{No} | | | | | |
| government the contract is with: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | Duite | 10001100 | 11gg. egate continuations | | | | | |
| No Cash X Personal Check | 12/ | 10/2017 | \$100.00 | | \$100.00 | | | |
| If yes, list Event # 12052017A | | | | <u> </u> | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| ARDUINO | | FLORENCIA | | | 0508 | | | |
| Residential Street Address | City | Los Albos | | State | Zip Code 94024-5052 | | | |
| 930 Covington Rd Principal Occupation | | Name of Employ | er | CA | 94024-5052 | | | |
| HOMEKEEPER | | N/A | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of |) | dependent child of | • | | | | | |
| government the contract is with: Executive Legislative | | | x _{No} | | | | | |
| Is this contribution associated with an event reported in Section J1? X Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| No Cash X Personal Check | 12/ | 10/2017 | \$100.00 | | \$100.00 | | | |
| If yes, list Event # 12102017A | 12/. | 10/2017 | \$100.00 | <u> </u> | \$100.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| TREPANIER | | DANIEL | | | 0513 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 930 Covington Rd | | Los Altos | | CA | 94024-5052 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| ENGINEER Is contributor a principal of a state contractor or prospective state contractor? | | XAMB | abbrief analysis of | Amor | unt of Contribution | | | |
| Yes X No |) | dependent child of | Vac | | | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | | | | |
| Is this contribution associated with X Voc Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| all event reported in Section 31? | | | | | | | | |
| If yes, list Event # 12102017A No Money Order Credit/Debit Card | 12/ | 10/2017 | \$100.00 | | \$100.00 | | | |

Page 84 of 189

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | |
|--|----------|--|---|-------------|------------------------|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT | | | | | | | | |
| Dita for CT | nt | | | | | | | |
| B. Itemized Contributions from | n Ind | lividuals | | | | | | |
| Last Name PORTER-PRICE | First | MARY | | MI | Contribution ID # | | | |
| Residential Street Address | City | PIAKI | | State | Zip Code | | | |
| 17 Woodchuck Hill Rd P. O. BOX 277 | | Canterbury | | СТ | 06331-1617 | | | |
| Principal Occupation | | Name of Employ | er | Į. | | | | |
| RETIRED | | RETIF | RED | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | o | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | | | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| X No Cash Personal Check | 12/ | 11/2017 | \$5.00 | | \$5.00 | | | |
| If yes, list Event # | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| FINMAN | | AMANDA | | | 0601 | | | |
| Residential Street Address | City | D 11 1 | | State | Zip Code | | | |
| 40 Daniel Trce Principal Occupation | <u> </u> | Burlington Name of Employ | or | СТ | 06013-1533 | | | |
| RETIRED | | RETIF | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of | 0 | dependent child of | of a lobbyist? | | | | | |
| government the contract is with: Is this contribution associated with Method of contribution: | Doto | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | Date | Received | Aggregate Contributions | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 11/2017 | \$50.00 | | \$50.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| RHODES | | MARTHA | | | 0602 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 209 Long Ridge Rd | | Danbury | | СТ | 06810-8412 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| WRITER | | SELF | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes No | o | Is contributor a l dependent child of | obbyist, spouse, or | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | | | | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: Yes | Date | Received | Aggregate Contributions | | | | | |
| X No Cash Personal Check | 12/ | 11/2017 | \$5.00 | | \$5.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| DU MONT | | MALIA | | | 0603 | | | |
| Residential Street Address | City | Dhinoback | | State NY | Zip Code 12572-1532 | | | |
| 60 Livingston St Principal Occupation | <u> </u> | Rhinebeck Name of Employ | er | INT | 123/2-1332 | | | |
| CHIEF OF STAFF | | | COLLEGE | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | | obbyist, spouse, or | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of | | dependent ennid (| x No | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? Yes Cash Personal Check | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 11/2017 | \$25.00 | | \$25.00 | | | |

Page 85 of 189

| I. MONETARY RECEIPT | S (Se | ection A-I) | | | | |
|--|----------|---|--|-------|---------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | | |
| Dita for CT | | | January 10 Filing - Amendmen | ıt | | |
| B. Itemized Contributions from | m Ind | lividuals | | | | |
| Last Name | First | | | MI | Contribution ID # | |
| HANDLER | | KIM | | | 0604 | |
| Residential Street Address | City | | | State | Zip Code | |
| 24 Lower Cross Rd | L, | Greenwich | | СТ | 06831-3002 | |
| Principal Occupation | | Name of Employ | er | | | |
| DESIGNER | | SELF | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X N | 0 | Is contributor a le dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | unt of Contribution | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | |
| an event reported in Section J1? | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 11/2017 | \$100.00 | | \$100.00 | |
| In you, in 2 teams of the care | | | | | | |
| Last Name | First | | | MI | Contribution ID # | |
| GORJANC | | ANN | | | 0605 | |
| Residential Street Address | City | | | State | Zip Code | |
| 62 Cottage St | L | Unionville | | СТ | 06085-1108 | |
| Principal Occupation | | Name of Employ | | | | |
| PA Is contributor a principal of a state contractor or prospective state contractor? | | CCMC | 11 14 | Amor | unt of Contribution | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X N | 0 | dependent child of | Vac | Amot | in of Contribution | |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | |
| an event reported in Section J1? | | | | | | |
| If yes list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 11/2017 | \$50.00 | | \$50.00 | |
| If yes, list Event# Money Order X Credit/Debit Card | | | | | | |
| Last Name | First | | | MI | Contribution ID # | |
| PARK | | PHYLLIS | | | 0606 | |
| Residential Street Address | City | | | State | Zip Code | |
| 2000 Miramar St Apt 617 | <u> </u> | Los Angeles | | CA | 90057-2336 | |
| Principal Occupation | | Name of Employ | | | | |
| EDUCATIONAL CONSULTANT | | | IS PARK | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | o | Is contributor a li dependent child of | obbyist, spouse, or of a lobbyist? | Amou | unt of Contribution | |
| If yes, indicate which branch or branches of Executive Legislative | | ī | x _{No} | | | |
| government the contract is with: Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | |
| an event reported in Section J1? | Duite | recerred | 1.88.08ate continuations | | | |
| No Cash Personal Check | 12/: | 12/2017 | \$100.00 | | \$100.00 | |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | | |
| Last Name | First | | | MI | Contribution ID # | |
| MCCANN | | WILLIAM | | | 0607 | |
| Residential Street Address | City | | | State | Zip Code | |
| 200 Shearwater Ct W Apt 54 | | Jersey City | | NJ | 07305-5406 | |
| Principal Occupation | | Name of Employ | er | | | |
| ATTORNEY | | CONN | ELL FOLEY LLP | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Is contributor a le dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | unt of Contribution | |
| If yes, indicate which branch or branches of | | acpendent child (| a lobbyist? | | | |
| government the contract is with: Executive Legislative | | Danier 1 | | | | |
| Is this contribution associated with an event reported in Section J1? | Date | Received | Aggregate Contributions | | | |
| X No Cash Personal Check | 12/ | 12/2017 | \$250.00 | | \$250.00 | |
| If yes, list Event # Money Order X Credit/Debit Card | I **/ | ,, | Ψ230.00 | I | T_30.00 | |

Page 86 of 189

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| B. Itemized Contributions from Individuals | | | | | | | | | |
| | | | | | | | | | |
| Last Name First MI Contribution ID # | B. Itemized Contributions from Individuals | | | | | | | | |
| | ŧ | | | | | | | | |
| KUMAR RAHUL 0608 | | | | | | | | | |
| Residential Street Address City State Zip Code | | | | | | | | | |
| 10 Anson Rd # 26-04 INTERNATIONAL PLAZA Singapore MI | | | | | | | | | |
| Principal Occupation Name of Employer EXECUTIVE ARCS ADVISORS PVT LTD | | | | | | | | | |
| | | | | | | | | | |
| Yes No dependent child of a lobbyist? Yes | | | | | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | | | | | | | |
| Is this contribution associated with Method of contribution: Date Received Aggregate Contributions | | | | | | | | | |
| an event reported in Section 31? Cash Personal Check | | | | | | | | | |
| If yes, list Event # Personal Check 12/12/2017 \$250.00 \$250.00 | | | | | | | | | |
| Last Name First MI Contribution ID # | 4 | | | | | | | | |
| EDDY BYRON Collaboration 1D # | ٠ | | | | | | | | |
| Residential Street Address City State Zip Code | | | | | | | | | |
| 32 Sprain Brook Rd Woodbury CT 06798-1911 | | | | | | | | | |
| Principal Occupation Name of Employer | | | | | | | | | |
| LMT MIND BODY WORKS | | | | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or Yes Yes Yes | | | | | | | | | |
| dependent child of a fobbysis? | | | | | | | | | |
| government the contract is with: Legislative Legislat | | | | | | | | | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: Date Received Aggregate Contributions | | | | | | | | | |
| Cash Personal Check 12/12/2017 | | | | | | | | | |
| If yes, list Event # Money Order X Credit/Debit Card 12/12/2017 \$5.00 \$5.00 | | | | | | | | | |
| Last Name First MI Contribution ID # | <i>‡</i> | | | | | | | | |
| FITTS ELIZABETH 0610 | | | | | | | | | |
| Residential Street Address City State Zip Code | | | | | | | | | |
| 12 Sawmill Ln Greenwich CT 06830-4028 | | | | | | | | | |
| Principal Occupation Name of Employer | | | | | | | | | |
| MOTHER NONE | | | | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution | | | | | | | | | |
| If yes, indicate which branch or branches of | | | | | | | | | |
| Is this contribution associated with Method of contribution: Date Received Aggregate Contributions | | | | | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| If yes, list Event # Personal Check 12/12/2017 \$100.00 \$100.00 | | | | | | | | | |
| | | | | | | | | | |
| Last Name First MI Contribution ID # | ļ. | | | | | | | | |
| ADLER MARJ 0611 Residential Street Address City State Zip Code | | | | | | | | | |
| 44 Nauyaug Point Rd Mystic CT 06355-3233 | | | | | | | | | |
| Principal Occupation Name of Employer | | | | | | | | | |
| RETIRED RETIRED | | | | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist, spouse, or Amount of Contribution | | | | | | | | | |
| V ₀₀ | | | | | | | | | |
| Yes No dependent child of a lobbyist? Yes If yes, indicate which branch or branches of Fracultive Logicative | | | | | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Yes No dependent child of a lobbyist? Legislative X No | | | | | | | | | |
| Yes No dependent child of a lobbyist? Yes If yes, indicate which branch or branches of Fracultive Logicative | | | | | | | | | |

Page 87 of 189

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Dita for CT |
|--|
| Substitution 10 Substituti |
| Last Name MUCHHAL Residential Street Address ARCHITECT Self EMPLOYED ARCHITECT Seminibutor a principal of a state contractor or prospective state contractor? |
| Nume of Employees |
| Residential Street Address 369 Middlesex Rd Principal Occupation ARCHITECT Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of sovernment the contract is with: Last Name AUCHHAL Residential Street Address BUSINESS ARCHITECT Is contributor a principal of a state contractor or prospective state contractor? ARCHITECT Yes X No |
| Principal Occupation ARCHITECT Southlibutor a principal of a state contractor or prospective state contractor? Yes X No SELF EMPLOYED Southlibutor a principal of a state contractor or prospective state contractor? Yes X No Security Security Yes X No Self-employed in Section 17? Yes X No Self-employed in Self- |
| Principal Occupation ARCHITECT Is contributor a principal of a state contractor or prospective state contractor? Yes X No Self EMPLOYED Self EMP |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |
| Yes No dependent child of a lobbyist? Yes Yes No dependent child of a lobbyist? Yes Yes No No No No No No No N |
| If yes, indicate which branch or branches of acovernment the contract is with: Secontify the personal Check Legislative L |
| Is this contribution associated with an event reported in Section J1? Is this contribution associated with an event reported in Section J1? If yes, list Event # It southinbuton associated with an event reported in Section J1? If yes, list Event # It yes, list |
| an event reported in Section J1? If yes, list Event # No |
| Last Name MUCHHAL Residential Street Address 369 Middlesex Rd Principal Occupation BUSINESS ARCHITECT 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: Is this contribution associated with an event reported in Section J1? If yes, list Event # Amoney Order |
| Last Name MUCHHAL Residential Street Address 369 Middlesex Rd Principal Occupation BUSINESS ARCHITECT 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: Is this contribution associated with an event reported in Section J1? If yes, list Event # MI Contribution ID # VAIBHAVA City Darien Name of Employer KPMG LLP Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section J1? If yes, list Event # MI Contribution ID # Amount of Contribution Aggregate Contributions \$\text{\$100.00}\$ \$\text{\$100.00}\$ \$\text{\$\$\$\$}\$ |
| Residential Street Address Residential Street Address 369 Middlesex Rd Principal Occupation BUSINESS ARCHITECT 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: Is this contribution associated with an event reported in Section J1? If yes, list Event # Amount of Contribution Personal Cheek Table Ta |
| Residential Street Address 369 Middlesex Rd Principal Occupation BUSINESS ARCHITECT 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: Is this contribution associated with an event reported in Section J1? If yes, list Event # City |
| Principal Occupation BUSINESS ARCHITECT 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: Is this contribution associated with an event reported in Section J1? If yes, list Event # Date Received Aggregate Contributions |
| Principal Occupation BUSINESS ARCHITECT 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: Is this contribution associated with an event reported in Section J1? Last Name Name of Employer KPMG LLP Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No Date Received Aggregate Contributions \$100.00 \$100.00 Amount of Contribution Amount of Contribution Legislative X No Method of contribution: If yes, list Event # Last Name First MI Contribution ID # |
| BUSINESS ARCHITECT 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: Is this contribution associated with an event reported in Section J1? If yes, list Event # Ves |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No Is contributor a lobbyist? Yes X No Is contribution a lobbyist? Yes X No Yes X No Is contribution a lobbyist? Yes X No Is contribution a lobbyist. Spouse, or dependent child of a lobbyist? Yes X No Is contribution a lobbyist. Spouse, or dependent child of a lobbyist? Yes X No Is contribution a lobbyist? Yes X No Is contribution a lobbyist. Spouse, or dependent child of a lobbyist? Yes X No Is contribution a lobbyist. Spouse, or dependent child of a lobbyist? Yes X No Is contribution a lobbyist. Spouse, or dependent child of a lobbyist? Yes X No Is contribution a lobbyist. Spouse, or dependent child of a lobbyist? Yes X No Is contribution a lobbyist. Yes |
| If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? If yes, list Event # Legislative Date Received Aggregate Contributions \$100.00\$ \$100.00 Last Name |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # Legislative |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # Method of contribution: Cash Personal Check I 2/12/2017 Date Received Aggregate Contributions \$100.00 \$100.00 |
| an event reported in Section J1? If yes, list Event # Last Name Personal Check X No Cash Money Order X Credit/Debit Card Personal Check X Credit/Debit Card First MI Contribution ID # |
| If yes, list Event # |
| Last Name First MI Contribution ID# |
| |
| |
| LEFKOWITZ NANCY 0614 |
| Residential Street Address City State Zip Code |
| 3115 Redding Rd 3115 Redding Rd Fairfield CT 06824-1611 |
| Principal Occupation Name of Employer TALENT RELATIONS TRIBECA ENTERPRISES |
| |
| Yes No dependent child of a lobbyist? |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative |
| Is this contribution associated with |
| an event reported in section 31? |
| If yes, list Event # Personal Check 12/13/2017 \$375.00 \$375.00 |
| Last Name First MI Contribution ID # |
| SACHS CHARLES 0615 |
| Residential Street Address City State Zip Code |
| 235 Stanwich Rd Greenwich CT 06830-3501 |
| Principal Occupation Name of Employer |
| EDUCATOR STANWICH SCHOOL |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution |
| If yes, indicate which branch or branches of |
| government the contract is with: Executive Legislative |
| Is this contribution associated with Method of contribution: Data Received Aggregate Contributions |
| Is this contribution associated with an event reported in Section J1? Method of contribution: Date Received Aggregate Contributions Aggregate Contributions |

Page 88 of 189

| L MONETARY RECEIPT | S (Se | ection A-I) | | | | |
|--|------------------|--|---|----------|------------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | ` | | TYPE OF REPORT | | | |
| Dita for CT | | | January 10 Filing - Amendmen | ıt | | |
| B. Itemized Contributions from | n Ind | lividuals | | | | |
| Last Name SCHAEFER | First | IAN | | MI | Contribution ID # 0616 | |
| Residential Street Address | City | | | State | Zip Code | |
| 124 W 60th St Apt 35F | | New York | | NY | 10023-7469 | |
| Principal Occupation | | Name of Employ | er | • | • | |
| ATTORNEY | | | EIN BECKER | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes No | 0 | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | ant of Contribution | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | |
| Is this contribution associated with Voc Method of contribution: | Date | Received | Aggregate Contributions | | | |
| an event reported in Section J1? X No | 12/ | 13/2017 | \$100.00 | | \$100.00 | |
| | <u> </u> | | | <u> </u> | 1 | |
| Last Name | First | 771 744 | | MI | Contribution ID # | |
| CAPODICE Residential Street Address | City | JILLIAN | | State | O617 Zip Code | |
| 327 W 18th St # 3F | City | New York | | NY | 10011-4413 | |
| Principal Occupation | Name of Employer | | | | 10011 1115 | |
| SCIENTIST | | MOUN | IT SINAI HEALTH SYSTEM | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | | obbyist, spouse, or Yes | Amou | unt of Contribution | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | 5 | dependent child of | of a lobbyist? | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | |
| an event reported in Section J1? Yes X No Cash Personal Check | 12/ | 13/2017 | \$100.00 | | \$100.00 | |
| If yes, list Event # Money Order X Credit/Debit Card | | <u>, </u> | | | · | |
| Last Name | First | | | MI | Contribution ID # | |
| METZL | | JAMIE | | | 0618 | |
| Residential Street Address | City | | | State | Zip Code | |
| 176 E 81st St Apt 4B | <u> </u> | New York | | NY | 10028-1889 | |
| Principal Occupation SELF | | Name of Employ WRIT | | | | |
| | | | obbyist, spouse, or | Amou | ant of Contribution | |
| Yes 🔼 No | 0 | dependent child of | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | |
| Is this contribution associated with Yes Method of contribution: | Date | Received | Aggregate Contributions | | | |
| an event reported in Section 31? | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 13/2017 | \$375.00 | | \$375.00 | |
| Last Name | First | | | MI | Contribution ID # | |
| HEBERT | | KATHLEEN | | | 0619 | |
| Residential Street Address | City | | | State | Zip Code | |
| 327 W 18th St # 3-F | <u> </u> | New York | | NY | 10011-4413 | |
| Principal Occupation | | Name of Employ | er EMPLOYED | | | |
| ART DEALER Is contributor a principal of a state contractor or prospective state contractor? Yes X No. | 2 | Is contributor a l | obbyist, spouse, or | Amou | unt of Contribution | |
| If yes, indicate which branch or branches of | | dependent child of | a lobbyist? | | | |
| government the contract is with: Executive Legislative Is this contribution associated with Method of contribution: | Dete | Received | Aggregate Contributions | | | |
| an event reported in Section J1? | Date | Received | Aggregate Contributions | 1 | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 13/2017 | \$100.00 | ! | \$100.00 | |

Page 89 of 189

| L MONETARY RECEIPT | S (Se | ection A-I) | | | | |
|--|----------|--------------------|--|-------------|------------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | | |
| Dita for CT | | | January 10 Filing - Amendmer | nt | | |
| B. Itemized Contributions from | n Ind | lividuals | • | | | |
| Last Name | First | | | MI | Contribution ID # | |
| S00 H00 | City | LILIAN | | Ct-t- | 0620 | |
| Residential Street Address 3181 46th St | City | Astoria | | State NY | Zip Code 11103-1642 | |
| Principal Occupation | <u> </u> | Name of Employ | er | INT | 11103-1642 | |
| BANKER | | | SKA HANDELSBANKEN | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | D. | Is contributor a l | obbyist, spouse, or of a lobbyist? Yes | Amou | unt of Contribution | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x No | | | |
| Is this contribution associated with Voc Method of contribution: | Date | Received | Aggregate Contributions | | | |
| an event reported in Section 31? | | | | | | |
| If yes, list Event # Cash Personal Check Money Order Credit/Debit Card | 12/: | 13/2017 | \$100.00 | | \$100.00 | |
| Last Name | First | | | MI | Contribution ID # | |
| RAFAILZADEH | | SANAZ | | | 0506 | |
| Residential Street Address | City | | | State | Zip Code | |
| 1724 2nd Ave # 5C | | New York | | NY | 10128 | |
| Principal Occupation | | Name of Employ | er | • | • | |
| MANAGER, ADMINISTRATION | | VANTA | AGE AIRPORT GROUP | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | | obbyist, spouse, or Yes | Amou | unt of Contribution | |
| If yes, indicate which branch or branches of | | dependent child of | x No | | | |
| government the contract is with: Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | |
| an event reported in Section J1? | | | 1.00.10.10.10.10.10.10.10.10.10.10.10.10 | | | |
| If yes, list Event # | 12/ | 13/2017 | \$100.00 | | \$100.00 | |
| Last Name | First | | | MI | Contribution ID # | |
| BARAT | 1 1130 | JEFFREY | | | 0516 | |
| Residential Street Address | City | | | State | Zip Code | |
| 25 Wallacks Dr | <u> </u> | Stamford | | СТ | 06902-7114 | |
| Principal Occupation | | Name of Employ | | | | |
| ENGINEERING | | | ENGINEERING | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes No | 0 | dependent child of | obbyist, spouse, or | Amou | unt of Contribution | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: Yes | Date | Received | Aggregate Contributions | | | |
| No Cash X Personal Check | 420 | 12/2017 | +275.00 | | +275.00 | |
| If yes, list Event # 12142017A No Money Order Credit/Debit Card | 12/. | 13/2017 | \$375.00 | | \$375.00 | |
| Last Name | First | | | MI | Contribution ID # | |
| RANJAN | | MANISH | | | 0524 | |
| Residential Street Address | City | | | State | Zip Code | |
| 4640 Fallstone Ct | L | San Jose | | CA | 95124-3462 | |
| Principal Occupation | | Name of Employ | | | | |
| SR BANKER Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or | Amou | unt of Contribution | |
| Yes X No | 0 | dependent child of | of a lobbyist? | Amot | 51 Contribution | |
| If yes, indicate which branch or branches of government the contract is with: | | | x No | | | |
| Is this contribution associated with Voc Method of contribution: | Date | Received | Aggregate Contributions | 1 | | |
| an event reported in Section 31? | | | | | | |
| If yes, list Event # Cash Personal Check Money Order Credit/Debit Card | 12/ | 14/2017 | \$100.00 | | \$100.00 | |

Page 90 of 189

| I MONETA DU DECEIDE | 0 (0 | (* A T) | | | | |
|--|-------|--------------------|--|----------|--------------------|--|
| I. MONETARY RECEIPT | 5 (56 | ection A-I) | Type of perope | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | | |
| Dita for CT | | | January 10 Filing - Amendmer | זנ | | |
| B. Itemized Contributions from | n Ind | lividuals | • | | | |
| Last Name | First | | | MI | Contribution ID # | |
| BHARGAVA | | REENA | | | 0621 | |
| Residential Street Address | City | | | State | Zip Code | |
| 528 Churchill Ave | | Palo Alto | | CA | 94301-3605 | |
| Principal Occupation | | Name of Employ | er | | | |
| PHYSICIAN | | TPMG | | | | |
| | | Is contributor a l | obbyist, spouse, or | Amou | nt of Contribution | |
| is contributor a principal of a state contractor or prospective state contractor? Yes X No. |) | dependent child of | Vaa | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | 1 | | |
| an event reported in Section J1? | | | | | | |
| X No Cash Personal Check | 12/: | 14/2017 | \$250.00 | | \$250.00 | |
| If yes, list Event # Money Order X Credit/Debit Card | | , | | | | |
| Last Name | First | | | MI | Contribution ID # | |
| CASSOOBHOY | | AREFA | | | 0622 | |
| Residential Street Address | City | AKLIA | | State | Zip Code | |
| 2109 Oakawana Dr NE | City | Atlanta | | GA | 30345-3548 | |
| Principal Occupation | | Name of Employ | or. | GA | 30343-3346 | |
| | | WEBMD | | | | |
| PHYSICIAN | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | nt of Contribution | |
| If yes, indicate which branch or branches of | | | | | | |
| government the contract is with: | | | | | | |
| Is this contribution associated with A second reported in Section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | | |
| an event reported in Section J1? Cash Personal Check | | | | | | |
| If yes, list Event # Cash Credit/Debit Card | 12/ | 14/2017 | \$50.00 | | \$50.00 | |
| | | | | <u> </u> | | |
| Last Name | First | | | MI | Contribution ID # | |
| SCUDDER | | LAURIE | | | 0623 | |
| Residential Street Address | City | | | State | Zip Code | |
| 9556 Wandering Way | | Columbia | | MD | 21045-3244 | |
| Principal Occupation | | Name of Employ | er | - | | |
| EDITOR | | WEBN | 1D | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | nt of Contribution | |
| | , | dependent child of | · | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | 1 | | |
| an event reported in Section 31? | | | | | | |
| X No Cash Personal Check | 12/: | 14/2017 | \$50.00 | | \$50.00 | |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | | |
| Last Name | First | | | MI | Contribution ID # | |
| MARTINEZ | | BRUNA | | | 0624 | |
| Residential Street Address | City | | | State | Zip Code | |
| 7624 Tecoma Cir # 9205 | | Austin | | TX | 78735-1854 | |
| Principal Occupation | | Name of Employ | or | 1 17 | 70733 1034 | |
| PRE-IMPLEMENTATION SPECIALIST | | | AWAY | | | |
| | | | obbyist, spouse, or | Amou | nt of Contribution | |
| Yes X No |) | dependent child of | Vaa | | | |
| If yes, indicate which branch or branches of Executive Legislative | | | x No | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | † | | |
| an event reported in Section J1? | | | 30 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | |
| X No Cash Personal Check | 12/ | 14/2017 | \$275.00 | | \$100.00 | |
| If yes, list Event # Money Order X Credit/Debit Card | +4/. | - 1/201/ | φ 2 /3.00 | | ¥100.00 | |

Page 91 of 189

| V MONTH DV DV COVE | a (a | | | | | |
|--|-------|--|---|---------------|-----------------------|--|
| I. MONETARY RECEIPT | S (Se | ection A-I) | I | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | | |
| Dita for CT | | | January 10 Filing - Amendmer | nt | | |
| B. Itemized Contributions from | n Ind | lividuals | | | | |
| Last Name | First | | | MI | Contribution ID # | |
| HICKS | | DARCY | | | 0625 | |
| Residential Street Address | City | | | State | Zip Code | |
| 1 Harding Ln | | Westport | | СТ | 06880-5105 | |
| Principal Occupation | | Name of Employ | er | | | |
| TEACHER | | SELF | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | nt of Contribution | |
| is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | dependent child of | Vac | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | |
| an event reported in Section J1? | | | | | | |
| X No Cash Personal Check | 12/ | 15/2017 | \$100.00 | | \$100.00 | |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | | |
| Last Name | First | | | MI | Contribution ID # | |
| DAY | | KRISTEN | | | 0626 | |
| Residential Street Address | City | | | State | Zip Code | |
| 28 Dunham St | | Norwich | | СТ | 06360-6806 | |
| Principal Occupation | | Name of Employ | er | <u> </u> | 00000 | |
| ENV. ANALYST | | 1 , | OF CT | | | |
| | | | obbyjet enouge or | Amou | nt of Contribution | |
| is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | dependent child o | Vac | 111104 | in or commonion | |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | | |
| government the contract is with: Is this contribution associated with Method of contribution: | Doto | Received | Aggregate Contributions | | | |
| an event reported in Section J1? | Date | Received | Aggregate Contributions | | | |
| Cash Personal Check | 127 | 15/2017 | ¢20.00 | | 430.00 | |
| If yes, list Event # Money Order X Credit/Debit Card | 12/. | 15/2017 | \$20.00 | | \$20.00 | |
| LadNama | First | | | MI | Contribution ID # | |
| Last Name | FIISt | KADEN | | IVII | | |
| DINSFRIEND | a: | KAREN | | a | 0627 | |
| Residential Street Address | City | | | State | Zip Code | |
| 42 Roseleah Dr | | Waterford | | СТ | 06385-4310 | |
| Principal Occupation | | Name of Employ | | | | |
| RETIRED | | RETIR | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | nt of Contribution | |
| If yes, indicate which branch or branches of | | | x _{No} | | | |
| government the contract is with: | | | | | | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: | Date | Received | Aggregate Contributions | | | |
| X No Cash Personal Check | | | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 12/ | 16/2017 | \$5.00 | | \$5.00 | |
| | | | | | | |
| Last Name | First | | | MI | Contribution ID # | |
| HAMADA | | MOHAMED | | | 0628 | |
| Residential Street Address | City | | | State | Zip Code | |
| 2688 Broadbridge Ave | | Stratford | | CT | 06614-2955 | |
| Principal Occupation | | Name of Employ | er | | | |
| BUSINESS ANALYST | | UBS | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No | , | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | nt of Contribution | |
| If yes, indicate which branch or branches of | | | x No | | | |
| government the contract is with: Executive Legislative | لــا | | | | | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: Yes | Date | Received | Aggregate Contributions | | | |
| _ | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 16/2017 | \$100.00 | | \$50.00- | |

Page 92 of 189

| I. MONETARY RECEIPT | S (Se | ection A-I) | 1 | | | |
|--|------------------|-----------------------|------------------------------|---------------|-----------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | | |
| Dita for CT | | | January 10 Filing - Amendmen | nt | | |
| B. Itemized Contributions from | n Ind | lividuals | • | | | |
| Last Name | First | | | MI | Contribution ID # | |
| CHOUDHURY | | SHAHAN | | | 0629 | |
| Residential Street Address | City | | | State | Zip Code | |
| 16 Tory Ln | | Shelton | | CT | 06484-5719 | |
| Principal Occupation | | Name of Employ | er | | | |
| ANALYST | | UBS | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or Yes | Amou | ant of Contribution | |
| If yes, indicate which branch or branches of | , | dependent child of | of a lobbyist? | | | |
| government the contract is with: | | | x _{No} | | | |
| Is this contribution associated with Yes Wethod of contribution: | Date | Received | Aggregate Contributions | | | |
| an event reported in Section J1? | | | | | | |
| ₩ No II | 12/ | 16/2017 | \$100.00 - | | \$50.00 | |
| If yes, list Event # | | | | | | |
| Last Name | First | | | MI | Contribution ID # | |
| KHAN | | JUNED | | | 0630 | |
| Residential Street Address | City | | | State | Zip Code | |
| 985 Fairfield Ave | | Bridgeport | | CT | 06605 1191 | |
| Principal Occupation | Name of Employer | | | | | |
| SELF EMPLOYED | | SELF | EMPLOYED | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or Yes | Amou | ant of Contribution | |
| | , | dependent child of | of a lobbyist? | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | × No | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | 1 | | |
| an event reported in Section J1? | | | | | | |
| If yes, list Event # | 12/ | 16/2017 | \$200.00 - | | \$100.00 | |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | | |
| Last Name | First | | | MI | Contribution ID # | |
| RAHMAN | | MOHAMED | | | 0631 | |
| Residential Street Address | City | | | State | Zip Code | |
| 88 Judd St | | Fairfield | | СТ | 06824-3512 | |
| Principal Occupation | | Name of Employ | er | • | | |
| RETIRED | | RETIRED | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | ant of Contribution | |
| |) | dependent child of | • | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | 1 | | |
| an event reported in Section J1? | | | | | | |
| If yes list Event # | 12/ | 16/2017 | \$100.00 | | \$100.00 | |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | | |
| Last Name | First | | | MI | Contribution ID # | |
| SINHA | | PRADEEP | | | 0632 | |
| Residential Street Address | City | | | State | Zip Code | |
| 1075 Garmon Dr NW | | Atlanta | | GA | 30327-3846 | |
| Principal Occupation | | Name of Employ | er | | | |
| PHYSICIAN | | SELF | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or Yes | Amou | unt of Contribution | |
| | , | dependent child of | of a foodyfst? | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | 1 | | |
| an event reported in Section J1? | | | | | | |
| If yes, list Event # | 12/ | 16/2017 | \$100.00 | | \$100.00 | |
| If yes, list Event # Money Order X Credit/Debit Card | ı | | | I | | |

Page 93 of 189

| I. MONETARY RECEIPT | S (Se | ection A-I) | | | |
|--|------------------------------------|--|---|----------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT | | | | |
| Dita for CT | | | January 10 Filing - Amendmen | nt | |
| B. Itemized Contributions from | n Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| MATZNER | | ALEX | | | 0633 |
| Residential Street Address | City | | | State | Zip Code |
| 336 Castro St Apt 4 | | San Francisco | 0 | CA | 94114-1530 |
| Principal Occupation | | Name of Employ | er | | |
| DESIGNER | | ALEX | MATZNER | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or Yes | Amou | int of Contribution |
| | 0 | dependent child of | of a lobbyist? | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x No | | |
| Is this contribution associated with Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section J1? | | | | | |
| Ľ No I□ □ | 12/: | 16/2017 | \$25.00 | | \$25.00 |
| If yes, list Event # | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| HAMADA | | MOHAMED | | | 0628 |
| Residential Street Address | City | | | State | Zip Code |
| 2688 Broadbridge Ave | | Stratford | | СТ | 06614-2955 |
| Principal Occupation | | Name of Employ | er | | |
| BUSINESS ANALYST | | UBS | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | | obbyist, spouse, or General Advanced Yes | Amou | int of Contribution |
| If yes, indicate which branch or branches of | | dependent child of | a loodyist? | | |
| government the contract is with: Executive Legislative | | | x _{No} | | |
| Is this contribution associated with A yes We would be seen in 112. | Date | Received | Aggregate Contributions | | |
| an event reported in Section 31? | 1 | | | | |
| Cash Personal Check | | | | | |
| □ No □ | 12/ | 16/2017 | \$50.00 | | \$50.00 |
| □ No □ □ | | 16/2017 | \$50.00 | | |
| If yes, list Event # 12162017A No Money Order X Credit/Debit Card Last Name | 12/ First | | \$50.00 | MI | Contribution ID # |
| If yes, list Event # 12162017A No Money Order X Credit/Debit Card Last Name CHOUDHURY | First | 16/2017 SHAHAN | \$50.00 | | Contribution ID # 0629 |
| If yes, list Event # 12162017A No Money Order X Credit/Debit Card Last Name CHOUDHURY Residential Street Address | | SHAHAN | \$50.00 | State | Contribution ID # 0629 Zip Code |
| If yes, list Event # 12162017A No Money Order X Credit/Debit Card Last Name CHOUDHURY Residential Street Address 16 Tory Ln | First | SHAHAN | • | | Contribution ID # 0629 |
| If yes, list Event # 12162017A No Money Order X Credit/Debit Card Last Name CHOUDHURY Residential Street Address 16 Tory Ln Principal Occupation | First | SHAHAN Shelton Name of Employ | • | State | Contribution ID # 0629 Zip Code |
| If yes, list Event # 12162017A No Money Order X Credit/Debit Card Last Name CHOUDHURY Residential Street Address 16 Tory Ln Principal Occupation ANALYST | First | SHAHAN Shelton Name of Employ UBS | er | State CT | Contribution ID # 0629 Zip Code 06484-5719 |
| If yes, list Event # 12162017A No Money Order X Credit/Debit Card Last Name CHOUDHURY Residential Street Address 16 Tory Ln Principal Occupation | First | SHAHAN Shelton Name of Employ UBS | er obbyist, spouse, or | State CT | Contribution ID # 0629 Zip Code |
| If yes, list Event # 12162017A | First | SHAHAN Shelton Name of Employ UBS Is contributor a l | er obbyist, spouse, or | State CT | Contribution ID # 0629 Zip Code 06484-5719 |
| If yes, list Event # 12162017A | First | SHAHAN Shelton Name of Employ UBS Is contributor a l dependent child of | er obbyist, spouse, or f a lobbyist? Yes X No | State CT | Contribution ID # 0629 Zip Code 06484-5719 |
| If yes, list Event # 12162017A | First | SHAHAN Shelton Name of Employ UBS Is contributor a l | er obbyist, spouse, or | State CT | Contribution ID # 0629 Zip Code 06484-5719 |
| If yes, list Event # 12162017A | First City Date | SHAHAN Shelton Name of Employ UBS Is contributor a l dependent child of the contributor and the contri | er obbyist, spouse, or Yes f a lobbyist? X No Aggregate Contributions | State CT | Contribution ID # 0629 Zip Code 06484-5719 ant of Contribution |
| If yes, list Event # 12162017A | First City Date | SHAHAN Shelton Name of Employ UBS Is contributor a l dependent child of | er obbyist, spouse, or f a lobbyist? Yes X No | State CT | Contribution ID # 0629 Zip Code 06484-5719 |
| If yes, list Event # 12162017A | First City Date | SHAHAN Shelton Name of Employ UBS Is contributor a l dependent child of the contributor and the contri | er obbyist, spouse, or Yes f a lobbyist? X No Aggregate Contributions | State CT Amou | Contribution ID # 0629 Zip Code 06484-5719 Int of Contribution \$50.00 |
| If yes, list Event # 12162017A | First City Date | SHAHAN Shelton Name of Employ UBS Is contributor a l dependent child of the contributor all | er obbyist, spouse, or Yes f a lobbyist? X No Aggregate Contributions | State CT | Contribution ID # 0629 Zip Code 06484-5719 Int of Contribution \$50.00 |
| If yes, list Event # 12162017A No Money Order | First City Date 12/ | SHAHAN Shelton Name of Employ UBS Is contributor a l dependent child of the contributor and the contri | er obbyist, spouse, or Yes f a lobbyist? X No Aggregate Contributions | State CT Amou | Contribution ID # 0629 Zip Code 06484-5719 Int of Contribution \$50.00 Contribution ID # 0630 |
| If yes, list Event # 12162017A | First City Date | SHAHAN Shelton Name of Employ UBS Is contributor a l dependent child of the contributor of the contribut | er obbyist, spouse, or Yes f a lobbyist? X No Aggregate Contributions | State CT Amou | Contribution ID # 0629 Zip Code 06484-5719 Int of Contribution \$50.00 Contribution ID # 0630 Zip Code |
| If yes, list Event # 12162017A No Money Order | First City Date 12/ | SHAHAN Shelton Name of Employ UBS Is contributor a l dependent child of the contributor all | er obbyist, spouse, or | State CT Amou | Contribution ID # 0629 Zip Code 06484-5719 Int of Contribution \$50.00 Contribution ID # 0630 |
| If yes, list Event # 12162017A No Money Order | First City Date 12/ | SHAHAN Shelton Name of Employ UBS Is contributor a l dependent child of the contributor of the contribut | er obbyist, spouse, or | State CT Amou | Contribution ID # 0629 Zip Code 06484-5719 Int of Contribution \$50.00 Contribution ID # 0630 Zip Code |
| If yes, list Event # 12162017A | First City Date 12/ First | SHAHAN Shelton Name of Employ UBS Is contributor a l dependent child of the contributor a l | er obbyist, spouse, or f a lobbyist? X No Aggregate Contributions \$50.00 er EMPLOYED obbyist, spouse, or | State CT Amou | Contribution ID # 0629 Zip Code 06484-5719 Int of Contribution \$50.00 Contribution ID # 0630 Zip Code |
| If yes, list Event # 12162017A | First City Date 12/ First | SHAHAN Shelton Name of Employ UBS Is contributor a l dependent child of the contributor of the contribut | er obbyist, spouse, or f a lobbyist? X No Aggregate Contributions \$50.00 EMPLOYED obbyist, spouse, or f a lobbyist? Yes | State CT Amou | Contribution ID # 0629 Zip Code 06484-5719 ant of Contribution \$50.00 Contribution ID # 0630 Zip Code 06605-1191 |
| If yes, list Event # 12162017A | First City Date 12/ First | SHAHAN Shelton Name of Employ UBS Is contributor a l dependent child of the contributor a l | er obbyist, spouse, or f a lobbyist? X No Aggregate Contributions \$50.00 er EMPLOYED obbyist, spouse, or | State CT Amou | Contribution ID # 0629 Zip Code 06484-5719 ant of Contribution \$50.00 Contribution ID # 0630 Zip Code 06605-1191 |
| If yes, list Event # 12162017A | First City Date 12/ First City | SHAHAN Shelton Name of Employ UBS Is contributor a l dependent child of the contributor a l | er obbyist, spouse, or f a lobbyist? X No Aggregate Contributions \$50.00 EMPLOYED obbyist, spouse, or f a lobbyist? Yes | State CT Amou | Contribution ID # 0629 Zip Code 06484-5719 ant of Contribution \$50.00 Contribution ID # 0630 Zip Code 06605-1191 |
| If yes, list Event # 12162017A No Money Order | First City Date 12/ City Date | SHAHAN Shelton Name of Employ UBS Is contributor a l dependent child of the contributor a l | er obbyist, spouse, or if a lobbyist? X No Aggregate Contributions \$50.00 er EMPLOYED obbyist, spouse, or if a lobbyist? Yes X No | State CT Amou | Contribution ID # 0629 Zip Code 06484-5719 ant of Contribution \$50.00 Contribution ID # 0630 Zip Code 06605-1191 |

Page 94 of 189

| A MONERA BY DECEME | G (G | | | | |
|--|-------|--------------------|---|----------|--------------------|
| I. MONETARY RECEIPT | 5 (50 | ection A-I) | I TYPE OF PEROPE | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | -4 | |
| Dita for CT | | | January 10 Filing - Amendmer | זנ | |
| B. Itemized Contributions from | n Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| GOGINENI | | MADANAMOH | IANA | | 0634 |
| Residential Street Address | City | | | State | Zip Code |
| 1 Hampshire Ln | | Simsbury | | СТ | 06070-1223 |
| Principal Occupation | | Name of Employ | er | | |
| ENGINEER | | RETIR | ED | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | nt of Contribution |
| is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | dependent child of | Voc | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x No | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | 1 | |
| an event reported in Section J1? | | | | | |
| X No Cash Personal Check | 12/ | 17/2017 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| GARRISON | | JANET | | | 0635 |
| Residential Street Address | City | 3, | | State | Zip Code |
| 11792 Moorpark St Unit D | City | Studio City | | CA | 91604-2126 |
| Principal Occupation | | Name of Employer | | CA | 31004 2120 |
| RETIRED | | RETIR | | | |
| | | | | ۸ | nt of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No. |) | dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | nt of Contribution |
| If yes, indicate which branch or branches of | | | | | |
| government the contract is with: | | | | | |
| Is this contribution associated with A second reported in Section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section J1? Cash Personal Check | | | | | |
| If yes, list Event # Cash Credit/Debit Card | 12/ | 17/2017 | \$100.00 | | \$100.00 |
| | | | | <u> </u> | |
| Last Name | First | | | MI | Contribution ID # |
| ALLEN | | LAURENCE | | | 0636 |
| Residential Street Address | City | | | State | Zip Code |
| 43 Maple Ave | | Greenwich | | СТ | 06830-5645 |
| Principal Occupation | | Name of Employ | er | • | - |
| SECONDARY PRIVATE EQUITY | | NYPPE | EX HOLDINGS | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | nt of Contribution |
| |) | dependent child of | * | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | 1 | |
| an event reported in Section J1? | | | | | |
| X No Cash Personal Check | 12/ | 17/2017 | \$375.00 | | \$375.00 |
| If yes, list Event # Money Order X Credit/Debit Card | | • | | | |
| Last Name | First | | | MI | Contribution ID # |
| LASCALA | | RUSSELL | | | 0637 |
| Residential Street Address | City | ROSSELL | | State | Zip Code |
| 71 Hamilton Terrace Flt # 1 | City | London | | UK | Zip Code |
| | | | 24 | UK | |
| Principal Occupation | | Name of Employ | | | |
| FX Is contributor a principal of a state contractor or prospective state contractor? | | | SCHE BANK | A | nt of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | nt of Contribution |
| If yes, indicate which branch or branches of | | | x _{No} | | |
| government the contract is with: Executive Legislative | Б. | D . 1 | | - | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: | Date | Received | Aggregate Contributions | | |
| _ | | . = /2.2 : = | | | 1075 oc |
| If yes, list Event # Cash Credit/Debit Card | 12/ | 17/2017 | \$375.00 | | \$375.00 |

Page 95 of 189

| I. MONETARY RECEIPT | S (Se | ection A-I) | 1 | | | |
|---|----------------|--|--|-------|---------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT | | | | | |
| Dita for CT | | | January 10 Filing - Amendmer | IL | | |
| B. Itemized Contributions from | m Ind | lividuals | | | | |
| Last Name | First | | | MI | Contribution ID # | |
| PATTERSON | | LYNN | | | 0638 | |
| Residential Street Address | City | | | State | Zip Code | |
| 2376 Sagamore Hills Dr | <u> </u> | Decatur | | GA | 30033-1217 | |
| Principal Occupation CONSULTANT | | Name of Employ THRE | ^{er} E POINTS PLANNING, LLC | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | o | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | unt of Contribution | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | dependent enna (| x _{No} | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | |
| an event reported in Section J1? | | | | | | |
| If yes, list Event # Cash Credit/Debit Card | 12/ | 18/2017 | \$50.00 | | \$50.00 | |
| Last Name | First | | | MI | Contribution ID # | |
| PINKERT | | PHILIP | | | 0639 | |
| Residential Street Address | City | | | State | Zip Code | |
| 168 Valley Rd | | Cos Cob | | СТ | 06807-2231 | |
| Principal Occupation Name of Employer | | | | | | |
| RETIRED | | RETIF | | 1 | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | |
| Is this contribution associated with Yes Method of contribution: | Date | Received | Aggregate Contributions | | | |
| an event reported in Section 31? X No | 12/ | 18/2017 | \$100.00 | | \$100.00 | |
| If yes, list Event # Money Order X Credit/Debit Card | | | • | | | |
| Last Name | First | | | MI | Contribution ID # | |
| PINKERT | | DARA | | | 0640 | |
| Residential Street Address | City | | | State | Zip Code | |
| 168 Valley Rd | <u> </u> | Cos Cob | | СТ | 06807-2231 | |
| Principal Occupation NURSE | | Name of Employ | or OF GREENWICH | | | |
| | | | | Amou | ant of Contribution | |
| Yes A N | О | dependent child of | Vac | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x No | | | |
| Is this contribution associated with Yes Method of contribution: | Date | Received | Aggregate Contributions |] | | |
| an event reported in Section J1? | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 18/2017 | \$100.00 | | \$100.00 | |
| Last Name | First | | | MI | Contribution ID # | |
| LEVINE | | LEON | | | 0641 | |
| Residential Street Address | City | | | State | Zip Code | |
| 175 Lake Ave | | Greenwich | | СТ | 06830-4509 | |
| Principal Occupation | | Name of Employ | | | | |
| ENVIRONMENTAL ENGINEERING CONSULTANT Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or | Amor | ant of Contribution | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X N | о | dependent child of | Vac | Amot | iit of Contribution | |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | |
| an event reported in Section J1? | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 18/2017 | \$100.00 | | \$100.00 | |

Page 96 of 189

| This for CC COMMITTEE (Provide Complete Name are Registered with Commission Same of Files | I. MONETARY RECEIPT | S (S | ection A-I) | 1 | | | | |
|--|--|-------------------|--|---|---------------|-----------------------|--|--|
| List Name | | | | | | | | |
| Part | Dita for CT | | | January 10 Filing - Amendmen | it | | | |
| SHAFE | B. Itemized Contributions from | m Inc | lividuals | | | | | |
| Residential State Address Price Manchester | Last Name | First | | | MI | Contribution ID # | | |
| Manchestack | ALAM | | SHAFI | | | 0514 | | |
| Name of Employee Name of Emp | | City | | | | 1 1 | | |
| Substitution | | | | | СТ | 06040-6560 | | |
| is contribute a principal of a state commoner of prospective state controlled. If ye, indicate which franche of branches of controlled of controlled of a loboyur? If ye, indicate which franche of branches of controlled of co | | | | | | | | |
| Light Superior child of a lobby part Ye Ye Ye Ye Ye Ye Ye Y | | | | 11 1 · | | | | |
| Executive contracts to with. | Yes X N | o | dependent child of | of a lobbyist? | | | | |
| Personal Check 12/18/2017 \$100.00 \$100 | Evacutiva Lagislativa | | | x _{No} | | | | |
| Types, list | XI Vac | Date | Received | Aggregate Contributions | | | | |
| First Section Secti | Cash Personal Check | | | | | | | |
| MANSOUR | | 12/ | 18/2017 | \$100.00 | : | \$100.00 | | |
| MANSOUR | Last Nama | Eiret | - | | MI | Contribution ID # | | |
| Residential Street Address | | FIISt | | | IVII | | | |
| Name of Employer Name of Emp | 1 | City | GOODA | | State | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No Security X No Secur | 109 Chapman Ave | | Fairfield | | CT | 06825-4203 | | |
| If yes, indicate which branch or branches of contributions are centered in section 1972 Last Name EBRAHIM Last Name EBRAHIM Residential Street Address Principal Occupation PROFESSOR Scottlindical explicit branch or branches of government the contract is with: Scottlindical explicit branch or branches of government the contract is with: Last Name Principal Occupation PROFESSOR Scottlindical explicit branch or branches of government the contract is with: Last Name Among Order Principal Occupation PROFESSOR Scottlindical explicit branch or branches of government the contract is with: Last Name Among Order Principal Occupation PROFESSOR Scottlindical explicit branch or branches of government the contract is with: Last Name Method of contributions Method of contributions Method of contributions First Principal Occupation Mansour First Scottlindical explicit branch or branches of government the contract is with: Last Name Mansour Mansour Mansour First Scottlindical explicit branch or prospective state contractor? Method of contributions Mansour First Scottlindical explicit branch or prospective state contractor or prospective st | Principal Occupation | | Name of Employ | er | | • | | |
| If yes, indicate which branch or branches of contributions are centered in section 1972 Last Name EBRAHIM Last Name EBRAHIM Residential Street Address Principal Occupation PROFESSOR Scottlindical explicit branch or branches of government the contract is with: Scottlindical explicit branch or branches of government the contract is with: Last Name Principal Occupation PROFESSOR Scottlindical explicit branch or branches of government the contract is with: Last Name Among Order Principal Occupation PROFESSOR Scottlindical explicit branch or branches of government the contract is with: Last Name Among Order Principal Occupation PROFESSOR Scottlindical explicit branch or branches of government the contract is with: Last Name Method of contributions Method of contributions Method of contributions First Principal Occupation Mansour First Scottlindical explicit branch or branches of government the contract is with: Last Name Mansour Mansour Mansour First Scottlindical explicit branch or prospective state contractor? Method of contributions Mansour First Scottlindical explicit branch or prospective state contractor or prospective st | | | | | | | | |
| Seed in the contract is with: | Voc. X No. Voc. V | | | | | | | |
| This is contribution associated with an event reported in Section J1? Last Name FINALE SOUTH SECTION SOUTH SOUTH STATES SOUTH SECTION SOUTH | If yes, indicate which branch or branches of | | | | | | | |
| an event reported in Section J1? If yes, list Event # 12162017A | government the contract is with: | Data | | | | | | |
| Last Name BERAHIM | an event reported in Section J1? | Date | Page Received Page Educations | | | | | |
| Last Name Beral Him First | l No l = | 12/ | /18/2017 | \$40.00 | | \$20.00 | | |
| EBRAHIM Residential Street Address | If yes, list Event # 12162017A | | -, | , , , , | | | | |
| State Amount of Contribution ID# Am | Last Name | First | | | MI | Contribution ID # | | |
| PROFESSOR South State S | EBRAHIM | | AHMED | | | 0517 | | |
| Principal Occupation PROFESSOR Secontributor a principal of a state contractor or prospective state contractor? Yes X No government the contract is with: Secontributor a principal of a state contractor or prospective state contractor or prospect | | City | · | | | I - | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes No dependent child of a lobbyist; spouse, or dependent child of a lobbyist? Yes No dependent child of a lobbyist? Yes Yes No dependent child of a lobbyist? Yes | | <u> </u> | | | СТ | 06825 | | |
| 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: Securitive Legislative Legisl | | | | | Amou | unt of Contribution | | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # 12162017A | Yes 🔼 N | o | | Vac | | | | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # 12162017A No | Evacutiva Lagislativa | | | x _{No} | | | | |
| If yes, list Event # 12162017A | Is this contribution associated with X Voc Method of contribution: | Date | Received | Aggregate Contributions | | | | |
| If yes, list Event # 12162017A No | all event reported in Section 71? | | | | | | | |
| Residential Street Address City State Code 109 Chapman Ave Fairfield CT 06825-4203 Principal Occupation UNEMPLOYED Is contributor a principal of a state contractor or prospective state contractor? | l No l□ □ | 12/ | 18/2017 | \$100.00 | : | \$100.00 | | |
| Residential Street Address City State Code 109 Chapman Ave Fairfield CT 06825-4203 Principal Occupation UNEMPLOYED Is contributor a principal of a state contractor or prospective state contractor? | T. A. | l _{E'} , | | | \ r | G (3 (B) | | |
| Residential Street Address 109 Chapman Ave Fairfield Name of Employer UNEMPLOYED Is contributor a principal of a state contractor or prospective state contractor? | | First | | | MI | | | |
| Principal Occupation Name of Employer UNEMPLOYED Is contributor a principal of a state contractor or prospective state contractor? | | City | GOODA | | State | | | |
| 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: Is this contribution associated with an event reported in Section J1? Date Received Amount of Contribution Amount of Contribution Amount of Contribution Aggregate Contributions Aggregate Contributions | | | Fairfield | | | l - | | |
| 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: Is this contribution associated with an event reported in Section J1? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contribution a lobbyist? Is contribution a lobbyist? In part of the contract is with. In part of the contribution a lobbyist is pouse, or dependent child of a lobbyist? In part of the contribution a lobbyist is pouse, or dependent child of a lobbyist? In part of the contribution a lobbyist is pouse, or dependent child of a lobbyist? In part of the contribution is pour of the contribution is a lobbyist in part of the contribution is pour of the contribution in the contribution is pour of the contribution in the contribution is pour of the | | | | | | • | | |
| If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Yes X No dependent child of a lobbyist? Yes X No | Principal Occupation | | Name of Employ | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Legislative Legislative Legislative Date Received Aggregate Contributions Aggregate Contributions | | | | IPLOYED | | | | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: Date Received Aggregate Contributions X Cosh Descend Check | UNEMPLOYED | 0 | UNEN Is contributor a l | obbyist, spouse, or | Amou | unt of Contribution | | |
| an event reported in Section J1? | UNEMPLOYED Is contributor a principal of a state contractor or prospective state contractor? Yes X N If yes, indicate which branch or branches of | 0 | UNEN Is contributor a l | obbyist, spouse, or of a lobbyist? Yes | Amou | nt of Contribution | | |
| X Cash Personal Check | 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: Executive Legislative | | UNEN Is contributor a l dependent child o | obbyist, spouse, or of a lobbyist? Yes X No | Amou | nt of Contribution | | |
| If yes_list_Event # 12162017A | 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: Is this contribution associated with an event reported in Section J1? We have a very state contractor? Yes X N Executive Legislative | | UNEN Is contributor a l dependent child o | obbyist, spouse, or of a lobbyist? Yes X No | Amou | nt of Contribution | | |

Page 97 of 189

| 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 - Amendmen | nt | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | |
| Last Name EBRAHIM | First | AHMED | | MI | Contribution ID # | | | |
| Residential Street Address | City | 7.11.125 | | State | Zip Code | | | |
| 18 Old Stratfield Rd . | | Fairfield | | CT | 06825 | | | |
| Principal Occupation | • | Name of Employ | er | | • | | | |
| PROFESSOR | | FAIRE | IELD UNIVERSITY | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Is contributor a l dependent child of | obbyist, spouse, or Yes | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of government the contract is with: | | dependent enna (| x No | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? Cash Personal Check | | | | | | | | |
| If yes, list Event # Cash Personal Check No | 12/ | 18/2017 | \$200.00 | | \$100.00 | | | |
| Last Name | First | - | | MI | Contribution ID # | | | |
| ALAM | FIISt | SHAFI | | IVII | 0514 | | | |
| Residential Street Address | City | SHALL | | State | Zip Code | | | |
| 352 Hackmatack St | | Manchester | | CT | 06040-6560 | | | |
| Principal Occupation | • | Name of Employ | er | ! | 1 | | | |
| BUSINESS | | SELF | EMPLOYED | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | D | | obbyist, spouse, or Yes | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of | | dependent child of | of a foodyist? | | | | | |
| government the contract is with: Executive Legislative | | | * No | | | | | |
| Is this contribution associated with an event reported in Section J1? | Date | Received | Aggregate Contributions | | | | | |
| × No Personal Check | 12/ | 18/2017 | \$200.00 | | \$100.00 | | | |
| If yes, list Event # | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| MANSOUR | | GOUDA | | | 0515 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 109 Chapman Ave | <u> </u> | Fairfield | | CT | 06825-4203 | | | |
| Principal Occupation | | Name of Employ | ei | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | ant of Contribution | | | |
| Yes 🛧 N | 0 | dependent child of | of a lobbyist? | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | × No | | | | | |
| Is this contribution associated with Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section 11? | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order Credit/Debit Card | 12/ | 18/2017 | \$60.00 | | \$20.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| MARCHAND | | DONAT | | | 0529 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 87 Birch Ln | | Greenwich | | СТ | 06830-3912 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| ATTORNEY | | | BARNUM & O'MARA, LLC | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No | o | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | unt of Contribution | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | | | |
| Is this contribution associated with Voc Method of contribution: | Date | Received | Aggregate Contributions | 1 | | | | |
| an event reported in Section 31? | | | | | | | | |
| If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card | 12/ | 19/2017 | \$200.00 | | \$100.00 | | | |

Page 98 of 189

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | |
|---|--------|---|--|-------|--------------------|--|--|--|
| | 5 (56 | ection A-I) | I TYPE OF PEROPE | | | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT | | | | | | | | |
| Dita for CT | | | January 10 Filing - Amendmer | זנ | | | | |
| B. Itemized Contributions from | n Ind | lividuals | • | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| EHRLICH | | FRANCINE | | | 0642 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 636 Riversville Rd | | Greenwich | | СТ | 06831-2650 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| REALTOR | | SOTH | EBY'S INTERNATIONAL REAL | TY | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | nt of Contribution | | | |
| is contributor a principal of a state contractor or prospective state contractor? Yes X No | , | dependent child of | of a lobbyist? | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | 1 | | | | |
| an event reported in Section J1? | | | | | | | | |
| X No Cash Personal Check | 12/ | 19/2017 | \$100.00 | | \$100.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | | 7 | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| TENLEY | 1 1130 | TALIN | | 1411 | 0643 | | | |
| Residential Street Address | C:t | IALIN | | State | | | | |
| | City | C1 1: C1 | | | Zip Code | | | |
| 11229 Laurie Dr | | Studio City | | CA | 91604-3878 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| ATTORNEY | | | - VARIOUS ENTITIES | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | , | Is contributor a le dependent child of | obbyist, spouse, or Yes | Amou | nt of Contribution | | | |
| If yes, indicate which branch or branches of | | dependent child c | | | | | | |
| government the contract is with: | | | x _{No} |] | | | | |
| Is this contribution associated with Method of contribution: Yes Yes | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | | | | | | | | |
| Ŭ No ☐ | 12/ | 19/2017 | \$100.00 | | \$100.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| OTTEN | | STEPHANIE | | | 0644 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 225 Glenville Rd | | Greenwich | | СТ | 06831-4432 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| STAY AT HOME MOM | | NONE | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | nt of Contribution | | | |
| Yes X No | • | dependent child of | | | | | | |
| If yes, indicate which branch or branches of Government the contract is with: Executive Legislative | | | x _{No} | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | - | | | | |
| an event reported in Section J1? | | | 1-00-10-11 | | | | | |
| X No Cash Personal Check | 12/ | 19/2017 | \$50.00 | | \$50.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 12/ | 19/2017 | \$30.00 | | \$30.00 | | | |
| LOV | TC' - | | | | G (1 (ID# | | | |
| Last Name | First | 0 | | MI | Contribution ID # | | | |
| KIM | | CHRISTINE | | | 0645 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 49 Frontier Rd | | Cos Cob | | СТ | 06807-1209 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| RETIRED | | RETIR | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No | , | Is contributor a le dependent child of | obbyist, spouse, or If a lobbyist? Yes | Amou | nt of Contribution | | | |
| If yes, indicate which branch or branches of | | acpendent emila (| | | | | | |
| government the contract is with: | | | x _{No} | 1 | | | | |
| Is this contribution associated with Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/2 | 20/2017 | \$75.00 | | \$25.00 | | | |

Page 99 of 189

| I. MONETARY RECEIPT | S (Se | ection A-I) | 1 | | |
|--|----------|---|--|-------|------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT January 10 Filing - Amendmen | nt | |
| Dita for CT | | | January 10 Filling - Amendmen | II. | |
| B. Itemized Contributions from | n Ind | lividuals | | | |
| Last Name HASLUN | First | WILLIAM | | MI | Contribution ID # 0646 |
| Residential Street Address | City | | | State | Zip Code |
| 18 Cottontail Rd | <u> </u> | Cos Cob | | СТ | 06807-1104 |
| Principal Occupation | | Name of Employ | | | |
| ATTORNEY Is contributor a principal of a state contractor or prospective state contractor? | | | eMPLOYED obbyist, spouse, or | 1 4 | unt of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? Yes Yes No | o | dependent child o | f a lobbyist? | Amot | int of Contribution |
| government the contract is with: Executive Legislative | | | x _{No} | | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/2 | 20/2017 | \$50.00 | | \$50.00 |
| Last Name | First | | | MI | Contribution ID # |
| KRASNOR | 1 1150 | LUCY | | | 0647 |
| Residential Street Address | City | | | State | Zip Code |
| 21 Spruce St | | Riverside | | СТ | 06878-2116 |
| Principal Occupation | | Name of Employ | er | | |
| MORTGAGE BROKER | | | TEGY MORTGAGE CORP | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No | o | Is contributor a le dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | unt of Contribution |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | |
| Is this contribution associated with Is this contribution associated with Yes Yes | Date | Received | Aggregate Contributions | | |
| an event reported in Section J1? If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/2 | 20/2017 | \$100.00 | | \$100.00 |
| T. Al | F: . | | | I | Louis D# |
| Last Name HALEY | First | SHAWN | | MI | Contribution ID # 0648 |
| Residential Street Address | City | | | State | Zip Code |
| 48 Old Sawmill Rd | <u> </u> | Trumbull | | СТ | 06611-3355 |
| Principal Occupation PROGRAMMER | | Name of Employ | | | |
| To contributor a minainal of a state contractor or progressive state contractor? | | | obbyist, spouse, or | Amoi | ant of Contribution |
| If yes indicate which branch or branches of | 0 | dependent child o | of a lobbyist? | | |
| government the contract is with: | | | x _{No} | | |
| Is this contribution associated with an event reported in Section J1? | Date | Received | Aggregate Contributions | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/2 | 20/2017 | \$125.00 | | \$25.00 |
| Last Name | First | | | MI | Contribution ID # |
| RUSSELL | 1 1150 | SALLY | | 1411 | 0649 |
| Residential Street Address | City | | | State | Zip Code |
| 98 Stamford Ave | | Stamford | | СТ | 06902-8016 |
| Principal Occupation | | Name of Employ | er | - | • |
| RETIRED | | RETIR | | 1 | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No | o | Is contributor a le dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | unt of Contribution |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | |
| Is this contribution associated with Voc Method of contribution: | Date | Received | Aggregate Contributions | 1 | |
| X No Cash Personal Check | 12/ | 20/2017 | 450.00 | | ¢50.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 12/ | 20/2017 | \$50.00 | | \$50.00 |

Page 100 of 189

| I. MONETARY RECEIPT | S (Se | ection A-I) | TYPE OF REPORT | | |
|--|----------|--|---|-------|---------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | .4 | | | | |
| Dita for CT | nt | | | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| VICKERS | | CONSTANCE | | | 0650 |
| Residential Street Address | City | | | State | Zip Code |
| 35 Hanford Ave | L | Bridgeport | | СТ | 06605-3330 |
| Principal Occupation DEVELOPMENT | | Name of Employ BOYS | er & GIRLS CLUB OF STAMFOR | D | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | | obbyist, spouse, or Yes | Amou | unt of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | dependent child of | x No | | |
| government the contract is with: Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section J1? | Dute | Received | riggiogate Contributions | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 20/2017 | \$10.00 | | \$10.00 |
| Last Name | First | | | MI | Contribution ID # |
| WIESE | | RICHARD | | | 0651 |
| Residential Street Address | City | | | State | Zip Code |
| 59 Ridge Rd | | Weston | | СТ | 06883-2107 |
| Principal Occupation | | Name of Employ | er | | |
| EXPLORER | | | DRER FILMS | 1 | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes Yes | o | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | unt of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | aopenaem emia e | x _{No} | | |
| government the contract is with: Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section J1? | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 20/2017 | \$375.00 | | \$375.00 |
| Last Name | First | | | MI | Contribution ID # |
| ZATZ | | STEVE | | | 0652 |
| Residential Street Address | City | | | State | Zip Code |
| 8 Town Crier Ln | <u> </u> | Westport | | СТ | 06880-1533 |
| Principal Occupation | | Name of Employ | | | |
| EXECUTIVE | | WEBM | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X N | o | dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | unt of Contribution |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x No | | |
| Is this contribution associated with Section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in section 31? | l | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 20/2017 | \$375.00 | | \$375.00 |
| Last Name | First | | | MI | Contribution ID # |
| TELLERINE | | ISABEL | | | 0653 |
| Residential Street Address | City | | | State | Zip Code |
| 86 Chevas Rd | | Avon | | СТ | 06001-3203 |
| Principal Occupation | | Name of Employ | | | |
| INSURANCE CLAIM EXAMINER | | | B LIMITED obbyist, spouse, or | Amor | unt of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X N | o | dependent child of | Vac | Amot | nt of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section J1? | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 20/2017 | \$100.00 | | \$100.00 |

Page 101 of 189

| I. MONETARY RECEIPT | S (Se | ection A-I) | 1 | | |
|--|----------|--|---|-------|---------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Data for CT January 10 Filing - Amendmen | | | | | |
| Dita for CT | ıı | | | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| ELDER | | DAVID | | | 0654 |
| Residential Street Address | City | | | State | Zip Code |
| 8 Maiden Ln | ļ., | Farmington Name of Employ | ON . | СТ | 06032-2213 |
| Principal Occupation CITY PLANNER | | 1 | SCLOSED | | |
| Is contributor a principal of a state contractor or prospective state contractor? | o | Is contributor a l dependent child of | obbyist, spouse, or Yes | Amou | unt of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | dependent ennu e | x _{No} | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section J1? | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 20/2017 | \$5.00 | | \$5.00 |
| Last Name | First | | | MI | Contribution ID # |
| ABRAHAM | | THOMAS | | | 0655 |
| Residential Street Address | City | | | State | Zip Code |
| 100 Briar Brae Rd | | Stamford | | СТ | 06903-1722 |
| Principal Occupation | | Name of Employ | er | | |
| PRESIDENT | | | VATIVE RESEARCH AND PRO | | |
| Is contributor a principal of a state contractor or prospective state contractor? | o | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | unt of Contribution |
| If yes, indicate which branch or branches of government the contract is with: | | acpendent emili | x _{No} | | |
| Is this contribution associated with Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section 31? X No | 12/ | 20/2017 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 12, | 20, 201, | Ψ100.00 | | |
| Last Name | First | | | MI | Contribution ID # |
| SCARINCI | | DONALD | | | 0518 |
| Residential Street Address | City | | | State | Zip Code |
| 164 Schuyler Rd . | <u> </u> | Allendale | | NJ | 07401 |
| Principal Occupation LAWYER | | Name of Employ | er INCI HOLLENBECK | | |
| | | | | Amou | unt of Contribution |
| Yes A N | 0 | dependent child of | Vac | 1 | in or commound |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | |
| Is this contribution associated with an avent reported in Section 112 | Date | Received | Aggregate Contributions | | |
| All event reported in Section 31? | | 00/004= | 1075.00 | | |
| If yes, list Event # 12072017B No Money Order Credit/Debit Card | 12/. | 20/2017 | \$275.00 | | \$275.00 |
| Last Name | First | | | MI | Contribution ID # |
| SHANBHOGUE | | CHITRA | | | 0656 |
| Residential Street Address | City | | | State | Zip Code |
| 52 Hendrie Ave | | Riverside | | СТ | 06878-1830 |
| Principal Occupation | | Name of Employ | | | |
| NON PROFIT DIRECTOR Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or | | unt of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X N | o | dependent child of | Vac | Amot | in of Contribution |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | 1 | |
| an event reported in Section J1? | | | | | |
| If yes, list Event # Cash Cash Personal Check If yes, list Event # X | 12/ | 21/2017 | \$100.00 | | \$100.00 |

Page 102 of 189

| I MONETA DV DECEMBER (C. P. A. D. | | | | | | | | |
|--|-------|--|--|--------|---------------------|--|--|--|
| I. MONETARY RECEIPTS | 5 (56 | ection A-I) | 1 | | | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT | | | | | | | | |
| Dita for CT January 10 Filing - Amendmen | | | | | | | | |
| B. Itemized Contributions from | n Ind | lividuals | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| CROWDER | | RUPICA | | | 0657 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 506 Athens St | | Altadena | | CA | 91001-1604 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| HOMEMAKER | | MS. | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | int of Contribution | | | |
| is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | dependent child of | Vac | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | 1 | | | | |
| an event reported in Section J1? | | | | | | | | |
| X No Cash Personal Check | 12/2 | 22/2017 | \$50.00 | | \$25.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| REDMAN | | JIM | | | 0658 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 47 Pool Rd | | North Haven | | СТ | 06473-2711 | | | |
| Principal Occupation | | Name of Employ | er | | 00.70 2711 | | | |
| GRAVEDIGGER | | | LAWN ASSOC.INC | | | | | |
| | | | obbyist, spouse, or | Amou | ınt of Contribution | | | |
| is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | dependent child of | Vac | 711100 | ant of continuation | | | |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | | | | |
| government the contract is with: Is this contribution associated with Method of contribution: | Doto | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | Date | Received | Aggregate Contributions | | | | | |
| Cash Personal Check | 12/ | 22/2017 | # F0.00 | | + F0.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 12/. | 22/2017 | \$50.00 | | \$50.00 | | | |
| T. AV | Б | | | | la di Bu | | | |
| Last Name | First | THERECA | | MI | Contribution ID # | | | |
| STERLING | a: | THERESA | | - C | 0659 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 2452 Moreno Dr | | Los Angeles | | CA | 90039-2640 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| TEACHER | | | Y TORAH HIGH SCHOOL | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No | , | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | nt of Contribution | | | |
| If yes, indicate which branch or branches of | | | x _{No} | | | | | |
| government the contract is with: | | | | | | | | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| | | | | | | | | |
| If yes, list Event # | 12/2 | 22/2017 | \$50.00 | | \$50.00 | | | |
| | | | | I | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| BANERJEE | | NANA | | _ | 0521 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 14 Captain Theale Rd | | Bedford | | NY | 10506-1428 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| EXECUTIVE | | | SK ANALYTICS | 1 | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No | , | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | int of Contribution | | | |
| If yes, indicate which branch or branches of | | | x No | | | | | |
| government the contract is with: Legislative Legislative | D. | Danain 1 | | ļ | | | | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: Yes | Date | Received | Aggregate Contributions | | | | | |
| x No Cash Personal Check | | aa (aa : = | | | 1400 0- | | | |
| If yes, list Event # Money Order Credit/Debit Card | 12/2 | 22/2017 | \$100.00 | | \$100.00 | | | |

Page 103 of 189

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | |
|---|---------------|--------------------|---|-------|---------------------------------------|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | <u>s (s</u> i | ection A-1) | TYPE OF REPORT | | | | | |
| Dita for CT January 10 Filing - Amendment | | | | nt | | | | |
| | T 1 | 1' ' 1 1 | | | | | | |
| B. Itemized Contributions from | _ | | | 1 | T | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| BANERJEE | | SMITA | | | 0522 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 14 Captain Theale Rd | | Bedford | | NY | 10506-1428 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| SCIENTIST | | SLOA | N KETTERING CANCER CENT | ER | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | | obbyist, spouse, or Yes | Amou | int of Contribution | | | |
| If yes, indicate which branch or branches of | | dependent child of | of a foodysst? | | | | | |
| government the contract is with: | | | x No | | | | | |
| Is this contribution associated with Yes Yes | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | | | | | | | | |
| If yes, list Event # Cash Credit/Debit Card | 12/ | 22/2017 | \$100.00 | | \$100.00 | | | |
| If yes, list Evene# | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| JHA | | ROHINI | | | 0523 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 3916 Remington Way | | Marietta | | GA | 30066-2073 | | | |
| Principal Occupation | | Name of Employ | er | • | • | | | |
| PROGRAM AND SYSTEMS ANALYST | | ІВМ С | CORPORATION | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | nt of Contribution | | | |
| is contributor a principal of a state contractor or prospective state contractor? Yes No |) | dependent child of | of a lobbyist? | | | | | |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | • | | | | |
| an event reported in Section J1? | | | | | | | | |
| X No Cash X Personal Check | 12/ | 22/2017 | \$100.00 | | \$100.00 | | | |
| If yes, list Event # | 12/ | 22,2017 | Ψ100.00 | | Ψ100.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| DANNA | riist | ARYUN | | IVII | 0530 | | | |
| Residential Street Address | City | ARTON | | State | Zip Code | | | |
| | City | Claradala | | | · • | | | |
| 1121 Cortez Dr | | Glendale | | CA | 91207-1807 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| | | | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | nt of Contribution | | | |
| If yes, indicate which branch or branches of | | | x _{No} | | | | | |
| government the contract is with: | _ | | | | | | | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| X No Personal Check | | | | | | | | |
| If yes, list Event # Money Order Credit/Debit Card | 12/ | 22/2017 | \$30.00 | | \$30.00 | | | |
| | | | | | · · · · · · · · · · · · · · · · · · · | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| YADAV | | DAVIK | | | 0531 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 2365 Sagamore Hills Dr | | Decatur | | GA | 30033-1216 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | ant of Contribution | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes No |) | dependent child of | Vaa | | | | | |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | | | | |
| government the contract is with: Is this contribution associated with Method of contribution: | Dota | Received | Aggregate Contributions | ŀ | | | | |
| an event reported in Section J1? | Date | ACCEIVEU | Aggregate Contributions | | | | | |
| X No Rersonal Check | 127 | 22/2017 | #20.00 | | ¢20.00 | | | |
| If yes, list Event # Money Order Credit/Debit Card | 12/. | 22/2017 | \$30.00 | | \$30.00 | | | |

Page 104 of 189

| I. MONETARY RECEIPT | S (Se | ection A-I) | 1 | | |
|--|----------|---|--|-------|---------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Dita for CT January 10 Filing - Amendmen | | | | | |
| Dita for CT January 10 Filing - Amendme | | | | | |
| B. Itemized Contributions from | n Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| YADAV | | ELLORA | | | 0532 |
| Residential Street Address | City | | | State | Zip Code |
| 2365 Sagamore Hills Dr | <u> </u> | Decatur | | GA | 30033-1216 |
| Principal Occupation | | Name of Employ | er | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a le | obbyist, spouse, or | Amou | ant of Contribution |
| is contributor a principal of a state contractor or prospective state contractor? | 0 | dependent child of | Voc | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | |
| Is this contribution associated with Yes Method of contribution: | Date | Received | Aggregate Contributions | 1 | |
| an event reported in Section J1? | | | | | |
| If yes, list Event # Cash Credit/Debit Card | 12/ | 22/2017 | \$30.00 | | \$30.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| YBARRA Residential Street Address | City | JULIE | | State | 0528 Zip Code |
| 107 Bowman Dr | City | Greenwich | | CT | 06831-3239 |
| Principal Occupation | | Name of Employe | er | 1 01 | 00031-3239 |
| FINANCE | | | MANAGEMENT LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or | Amou | unt of Contribution |
| - - | 0 | dependent child of | if a lobbyist? | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | |
| Is this contribution associated with X Yes Wethod of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section J1? Cash Personal Check | | | | | |
| If yes, list Event # 11122017A No Money Order Credit/Debit Card | 12/ | 22/2017 | \$100.00 | | \$100.00 |
| Last Name | First | | | MI | Contribution ID # |
| BHARGAVA | 11130 | SUBHAS | | IVII | 0660 |
| Residential Street Address | City | | | State | Zip Code |
| 304 Rywalk Cir | | Ottawa | | ON | |
| Principal Occupation | • | Name of Employ | er | - | |
| RETIRED | | RETIR | ED | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Is contributor a le dependent child of | obbyist, spouse, or If a lobbyist? Yes | Amou | ant of Contribution |
| If was indicate which branch or branches of | | dependent cinia o | Ta lobbyist: | | |
| government the contract is with: Is this contribution associated with Method of contribution: | Doto | Received | Aggregate Contributions | - | |
| an event reported in Section J1? | Date | Received | Aggregate Contributions | | |
| X No Cash Personal Check | 12/ | 23/2017 | \$200.00 | | \$200.00 |
| If yes, list Event # Money Order X Credit/Debit Card | | , | · | | · |
| Last Name | First | | | MI | Contribution ID # |
| SAMY | | ANANTHA | | | 0661 |
| Residential Street Address | City | | | State | Zip Code |
| 65 Rowayton Woods Dr Apt 65 | | Norwalk | | СТ | 06854-3907 |
| Principal Occupation | | Name of Employe | | | |
| RETIRED | | RETIR | obbriet energe or | Amo | unt of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No | 0 | dependent child o | obbyist, spouse, or of a lobbyist? Yes | Amot | ant of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | | x No | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | 1 | |
| an event reported in Section J1? | | | - | | |
| If yes list Event # Cash Personal Check No | 12/ | 23/2017 | \$375.00 | | \$375.00 |

Page 105 of 189

| I MONETA DV DECEMBER (C. P. A. D. | | | | | | | | |
|---|-------|---|---|--------|---------------------|--|--|--|
| I. MONETARY RECEIPT | S (Se | ection A-I) | I | | | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Dita for CT January 10 Filing - Amendment | | | | | | | | |
| Dita for CT | | | | | | | | |
| B. Itemized Contributions from | n Ind | lividuals | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| SAMY | | MANGALA | | | 0662 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 65 Rowayton Woods Dr Apt 65 | | Norwalk | | СТ | 06854-3907 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| RETIRED | | RETIR | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | , | Is contributor a le dependent child of | obbyist, spouse, or Yes | Amou | int of Contribution | | | |
| If yes, indicate which branch or branches of | | dependent cinia c | | | | | | |
| government the contract is with: Executive Legislative | | D : 1 | | 4 | | | | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: Yes | Date | Received | Aggregate Contributions | | | | | |
| Cash Personal Check | | 22/2017 | +275.00 | | +275 00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 12/. | 23/2017 | \$375.00 | | \$375.00 | | | |
| T. M | F: . | | | 1 | C C C D | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| BODAS | o: | UMA | | a | 0663 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 11 Greenbriar Ln | | Greenwich | | СТ | 06831-3319 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| HOMEMAKER | | N/A | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | Is contributor a li dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | int of Contribution | | | |
| If yes, indicate which branch or branches of | | dependent enna e | | | | | | |
| government the contract is with: Executive Legislative | | | | _ | | | | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: Yes | Date | Received | Aggregate Contributions | | | | | |
| Cash Personal Check | | | | | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 12/2 | 24/2017 | \$375.00 | | \$375.00 | | | |
| - | | | | ! | r | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| DESIMONE | | RACHEL | | | 0664 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 867 Ashburn Way | | Swedesboro | | NJ | 08085-4015 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| STUDENT | | STUD | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | nt of Contribution | | | |
| If yes, indicate which branch or branches of | | перениент сина с | • | | | | | |
| government the contract is with: Executive Legislative | | | X No | _ | | | | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: Yes | Date | Received | Aggregate Contributions | | | | | |
| | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 24/2017 | \$375.00 | | \$375.00 | | | |
| - | | | | l | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| FIRESTONE | | MICHAEL | | _ | 0665 | | | |
| Residential Street Address | City | _ | | State | Zip Code | | | |
| 36 Cambridge Xing | | Avon | | СТ | 06001-4104 | | | |
| Principal Occupation | | Name of Employ | | TEOD 2 | | | | |
| RADIOLOGIST | | | DLOGY ASSOCIATES OF HAR | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | Is contributor a l dependent child of | obbyist, spouse, or Yes | Amou | int of Contribution | | | |
| If yes, indicate which branch or branches of | | , | x No | | | | | |
| government the contract is with: Legislative Legislative Legislative | D. r | Dagaiyy- 4 | | 4 | | | | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: Yes | Date | Received | Aggregate Contributions | | | | | |
| X No Cash Personal Check | 1 | DE/2017 | #300 00 | | ¢E0.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 12/2 | 25/2017 | \$300.00 | | \$50.00 | | | |

Page 106 of 189

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | |
|---|-------|--|--|-------|--------------------|--|--|--|
| | 5 (50 | ection A-I) | I TYPE OF DEDORT | | | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT | | | | | | | | |
| Dita for CT January 10 Filing - Amendmen | | | | | | | | |
| B. Itemized Contributions from | n Ind | lividuals | • | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| FIRESTONE | | CARRIE | | | 0666 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 36 Cambridge Xing | | Avon | | СТ | 06001-4104 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| WRITER | | SELF- | EMPLOYED | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | nt of Contribution | | | |
| is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | dependent child of | of a lobbyist? | | | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x No | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | 1 | | | | |
| an event reported in Section J1? | | | | | | | | |
| If yes. list Event # Cash Personal Check Money Order Cash Personal Check Credit/Debit Card | 12/ | 25/2017 | \$300.00 | | \$50.00 | | | |
| If yes, list Event # | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| FIRESTONE | | EMILY | | | 0667 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 36 Cambridge Xing | | Avon | | СТ | 06001-4104 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| STUDENT | | STUD | ENT | | | | | |
| | | | abbyist spanse or | Amou | nt of Contribution | | | |
| is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | dependent child of | Voc | | | | | |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | Date | Received | Aggregate Contributions | | | | | |
| X No Cash Personal Check | 12/ | DE/2017 | ¢25.00 | | ¢2E 00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 12/. | 25/2017 | \$25.00 | | \$25.00 | | | |
| LadNama | Pinnt | | | LM | Contribution ID # | | | |
| Last Name | First | CDEENIN (A.C. | | MI | Contribution ID # | | | |
| TUNGATURTHI | O. | SREENIVAS | | - C | 0668 | | | |
| Residential Street Address | City | C) () | | State | Zip Code | | | |
| 51 Hope St Apt 17B | | Stamford | | СТ | 06906-2618 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| SOFTWARE ENGINEER | | | NA INC | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | nt of Contribution | | | |
| If yes, indicate which branch or branches of | | dependent ennu (| x No | | | | | |
| government the contract is with: Executive Legislative | | | | | | | | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: Yes | Date | Received | Aggregate Contributions | | | | | |
| _ | | | | | | | | |
| If yes, list Event # Cash Credit/Debit Card | 12/ | 26/2017 | \$100.00 | | \$100.00 | | | |
| - | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| LUBARSKY | | NEIL | | | 0669 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 7 Stallion Trl | | Greenwich | | СТ | 06831-3040 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| ATTORNEY | | SELF | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | nt of Contribution | | | |
| If yes, indicate which branch or branches of | | acpendent child (| or a roodyist? | | | | | |
| government the contract is with: | | | x _{No} | | | | | |
| Is this contribution associated with Method of contribution: Yes Yes | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | | | | | | | | |
| If yes, list Event # Cash Credit/Debit Card | 12/ | 27/2017 | \$100.00 | | \$100.00 | | | |

Page 107 of 189

| L MONETARY RECEIPT | rg (g ₄ | ection A. D. | | | |
|--|--------------------|---|------------------------------|----------|--------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | 10 (01 | A11011 A-1) | TYPE OF REPORT | | |
| Dita for CT | | | January 10 Filing - Amendmer | nt | |
| | T 1 | | | | |
| B. Itemized Contributions fro | | iividuais | | I | T |
| Last Name | First | | | MI | Contribution ID # |
| OHL | C'1 | STEPHANIE | | G | 0670 |
| Residential Street Address | City | Cuaamuiah | | State | Zip Code |
| 7 Stallion Trl Principal Occupation | | Greenwich Name of Employe | 24 | СТ | 06831-3040 |
| СРА | | | ROCK CAPITAL | | |
| | | | obbyjet enouge or | Amou | nt of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? | lo | dependent child of | Vac | 711100 | nt of Controution |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section J1? | | | | | |
| X No Cash Personal Check | 12/ | 27/2017 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | | <i>'</i> | | | |
| Last Name | First | | | MI | Contribution ID # |
| TRACY | | WILLIAM | | | 0671 |
| Residential Street Address | City | | | State | Zip Code |
| 5314 Fairway Dr | | Madison | | WI | 53711-1039 |
| Principal Occupation | • | Name of Employ | er | | |
| PROFESSOR | | UNIVE | ERSITY OF WISCONSIN-MAD | ISON | |
| Is contributor a principal of a state contractor or prospective state contractor? | _ | Is contributor a le | obbyist, spouse, or | Amou | nt of Contribution |
| | No | dependent child of | f a lobbyist? | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x No | | |
| Is this contribution associated with an event concreted in Section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section 31: | | | | | |
| If ves. list Event # Cash Personal Check Money Order Credit/Debit Card | 12/ | 27/2017 | \$50.00 | | \$50.00 |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| TRACY | | ROBERTA | | | 0672 |
| Residential Street Address | City | | | State | Zip Code |
| 5314 Fairway Dr | | Madison | | WI | 53711-1039 |
| Principal Occupation | | Name of Employe | er | - | - |
| RETIRED | | SELF | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | Jo. | | obbyist, spouse, or Yes | Amou | nt of Contribution |
| If was indicate which branch or branches of | 10 | dependent child of | a lobbyist: | | |
| government the contract is with: Executive Legislative | | | x _{No} | | |
| Is this contribution associated with Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section 11? | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 27/2017 | \$25.00 | | \$25.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| TURK | | JONATHAN | | | 0673 |
| Residential Street Address | City | | | State | Zip Code |
| 52 Brittany Ave | | Trumbull | | СТ | 06611-1105 |
| Principal Occupation | | Name of Employ | | | |
| INSURANCE SALES | | | AM PITT | 1 | |
| Is contributor a principal of a state contractor or prospective state contractor? | No | Is contributor a le dependent child of | obbyist, spouse, or Yes | Amou | nt of Contribution |
| If yes, indicate which branch or branches of | | acpendent child o | i a lobbyist? | | |
| government the contract is with: | _ | | x _{No} | | |
| Is this contribution associated with an event reported in Section J1? | Date | Received | Aggregate Contributions | | |
| an event reported in Section 31? | | | | | |
| If yes list Event # Cash Personal Check No Cash Personal Check Money Order X Credit/Debit Card | 12/ | 27/2017 | \$100.00 | | \$100.00 |

Page 108 of 189

| I. MONETARY RECEIPT | S (Se | ection A-I) | 1 | | |
|--|-------|---|--|-------|---------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Dita for CT January 10 Filing - Amendmen | | | | | |
| Dita for CT | iit. | | | | |
| B. Itemized Contributions fro | m Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| MOLLOY | | STEPHEN | | | 0674 |
| Residential Street Address | City | | | State | Zip Code |
| 15 Fairway E | ļ., | Colts Neck | | NJ | 07722-1418 |
| Principal Occupation UNEMPLOYED | | Name of Employ | er PLOYED | | |
| | | | physist enouge or | Amou | unt of Contribution |
| Yes X N | lo | dependent child of | Voc | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x No | | |
| Is this contribution associated with Yes Method of contribution: | Date | Received | Aggregate Contributions | 1 | |
| an event reported in Section J1? Cash Personal Check | | | | | |
| If yes, list Event # Cash Cash Personal Check X No | 12/ | 27/2017 | \$100.00 | | \$100.00 |
| Last Name | First | | | MI | Contribution ID # |
| FLAHERTY | First | SCOTT | | WII | 0675 |
| Residential Street Address | City | 30011 | | State | Zip Code |
| 265 Chestnut Tree Hill Rd | | Oxford | | СТ | 06478-1447 |
| Principal Occupation | • | Name of Employ | er | | ! |
| BAR MANAGER | | JULIO | 'S WOODFIRED PIZZA & GR | ILL | |
| Is contributor a principal of a state contractor or prospective state contractor? | io. | | obbyist, spouse, or For table size 2 Yes | Amou | int of Contribution |
| If yes, indicate which branch or branches of | | dependent child of | i a loodyist? | | |
| government the contract is with: | | | x _{No} | _ | |
| Is this contribution associated with an event reported in Section J1? | Date | Received | Aggregate Contributions | | |
| X No Cash Personal Check | 12/ | 27/2017 | \$20.00 | | \$20.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 12/. | 2//201/ | \$20.00 | | \$20.00 |
| Last Name | First | | | MI | Contribution ID # |
| LEIGHTON | | LAWRENCE V | <i>I</i> . | | 0676 |
| Residential Street Address | City | | | State | Zip Code |
| 1088 Park Ave | | New York | | NY | 10128-1132 |
| Principal Occupation | | Name of Employ | er | | |
| INVESTMENT BANKER | | BENTI | LEY ASSOCIATES | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes Yes | lo | Is contributor a le dependent child of | obbyist, spouse, or f a lobbyist? Yes | Amou | int of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | |
| Is this contribution associated with Method of contribution | Date | Received | Aggregate Contributions | - | |
| an event reported in Section J1? | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 27/2017 | \$100.00 | | \$100.00 |
| Last Name | First | | | MI | Contribution ID # |
| BERNSTEIN | | TRACEY | | | 0677 |
| Residential Street Address | City | | | State | Zip Code |
| 1925 Route 9 | | Garrison | | NY | 10524-3707 |
| Principal Occupation | | Name of Employ | er | | - |
| LAWYER | | HIMM | EL AND BERNSTEIN LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? | lo | Is contributor a le dependent child of | obbyist, spouse, or f a lobbyist? Yes | Amou | int of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | cind o | x No | | |
| government the contract is with: In this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | - | |
| an event reported in Section J1? | Date | 10001100 | | | |
| If yes list Event # Cash Personal Check No Money Order X Credit/Debit Card | 12/ | 27/2017 | \$100.00 | | \$100.00 |

Page 109 of 189

| I. MONETARY RECEIPT | S (Se | ection A-I) | 1 | | |
|---|-------|---|---|-------|---------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT January 10 Filing - Amendme | ant | |
| Dita for CT | ant. | | | | |
| B. Itemized Contributions from | n Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| BERISA | | SARANDA | | | 0678 |
| Residential Street Address | City | | | State | Zip Code |
| 134 Main St | | New Canaan | | СТ | 06840-5512 |
| Principal Occupation | | Name of Employe | | | |
| DESIGNER | | | EMPLOYED | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No | o | dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | unt of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | i | x _{No} | | |
| government the contract is with: Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | - | |
| an event reported in Section J1? | Dute | recerred | 1.651.65ate communitions | | |
| X No Cash Personal Check | 12/ | 27/2017 | \$150.00 | | \$150.00 |
| If yes, list Event # Money Order X Credit/Debit Card | | , | · | | |
| Last Name | First | | | MI | Contribution ID # |
| NASLAUSKY | | FLAVIA | | | 0679 |
| Residential Street Address | City | | | State | Zip Code |
| 30 Summit Rd | | Riverside | | СТ | 06878-2107 |
| Principal Occupation | | Name of Employ | er | | |
| MEMBER | | | IIT 7 HOLDINGS LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No. | 0 | Is contributor a le dependent child of | obbyist, spouse, or If a lobbyist? Yes | Amou | int of Contribution |
| If yes, indicate which branch or branches of | | dependent enna e | | | |
| government the contract is with: Executive Legislative | Б. | D : 1 | | 4 | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| Cash Personal Check | 12/ | 27/2017 | \$350.00 | | \$100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 12/. | 2//201/ | \$330.00 | | \$100.00 |
| Last Name | First | | | MI | Contribution ID # |
| MORRIS | | GILLIAN | | | 0680 |
| Residential Street Address | City | | | State | Zip Code |
| 98 Riverside Ave | | Riverside | | СТ | 06878-1619 |
| Principal Occupation | - | Name of Employ | er | • | • |
| CEO | | HITLI | ST | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | | obbyist, spouse, or If a lobbyist? Yes | Amou | ant of Contribution |
| If was indicate which branch or branches of | | dependent child of | Ta loboyist: | | |
| government the contract is with: Executive Legislative | | | x _{No} | _ | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| X No Cash Personal Check | 12/ | 27/2017 | \$375.00 | | \$375.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 12/ | 27/2017 | \$373.00 | | \$373.00 |
| Last Name | First | | | MI | Contribution ID # |
| BARETZ | | ANNE | | | 0681 |
| Residential Street Address | City | | | State | Zip Code |
| 53 Riker Ave | | Harrington Pa | ark | NJ | 07640-1318 |
| Principal Occupation | | Name of Employ | er | • | • |
| ATTORNEY | | CRES ⁻ | TRON | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | | obbyist, spouse, or Yes | Amou | ant of Contribution |
| If yes, indicate which branch or branches of | - | dependent child of | i a lobbyist? | | |
| government the contract is with: | | | x _{No} | 1 | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: | Date | Received | Aggregate Contributions | | |
| x No Cash Personal Check | | 27/2017 | 1100 00 | | ±100.00 |
| If yes list Event # No Money Order X Credit/Debit Card | 12/ | 27/2017 | \$100.00 | 1 | \$100.00 |

Page 110 of 189

| I MONETA DV DECEMBER (C. P. A. D. | | | | | | | | | |
|---|-------|---|--|----------|--------------------|--|--|--|--|
| I. MONETARY RECEIPTS | S (Se | ection A-I) | TYPE OF REPORT | | | | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | nt | | | | | | | | |
| Dita for CT | | | | | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| DELMONACO-KEMP | | CINTA | | | 0682 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 286 Sarles St | | Mount Kisco | | NY | 10549-4734 | | | | |
| Principal Occupation | | Name of Employ | | | | | | | |
| SELF EMPLOYED | | | EMPLOYED | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | , | Is contributor a le dependent child of | obbyist, spouse, or Yes | Amou | nt of Contribution | | | | |
| If yes, indicate which branch or branches of | | dependent cinia c | | | | | | | |
| government the contract is with: Executive Legislative | - | D 1 1 | | | | | | | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| Cash Personal Check | | | | | | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 12/2 | 27/2017 | \$250.00 | | \$250.00 | | | | |
| | | | | l | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| HESS | | JULIANA | | | 0683 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 60 Edgewater Commons Ln | | Westport | | СТ | 06880-6147 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| CONSULTANT | | SELF | | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | , | Is contributor a l dependent child of | obbyist, spouse, or for labbraist? Yes | Amou | nt of Contribution | | | | |
| If yes, indicate which branch or branches of | | dependent child c | <u> </u> | | | | | | |
| government the contract is with: | | | x _{No} | | | | | | |
| Is this contribution associated with Yes Yes | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| If yes, list Event # | 12/2 | 27/2017 | \$375.00 | | \$275.00 | | | | |
| 3.9 | | | | <u> </u> | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| RITCH | | GLENN | | | 0533 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 57 Hale Ln | | Darien | | СТ | 06820-4436 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| COMMERCIAL PROPERTY MANAGER | | ALBE | RT B. ASHFORTH, INC. | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | , | | obbyist, spouse, or Yes | Amou | nt of Contribution | | | | |
| If yes, indicate which branch or branches of | | dependent child of | i a lobbyist: | | | | | | |
| government the contract is with: | | | x _{No} | | | | | | |
| Is this contribution associated with Method of contribution: Yes Yes | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section 31? | | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order Credit/Debit Card | 12/2 | 27/2017 | \$100.00 | | \$100.00 | | | | |
| | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| ARONSON | | AMANDA | | | 0684 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 4 Berwyn Ln | | West Hartfor | d | СТ | 06107-1103 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| DIRECTOR | | BRIDO | GE FAMILY CENTER | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | , | Is contributor a l dependent child of | obbyist, spouse, or If a lobbyist? Yes | Amou | nt of Contribution | | | | |
| If yes, indicate which branch or branches of | | zependent ennu (| x No | | | | | | |
| government the contract is with: | | | | | | | | | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: Yes | Date | Received | Aggregate Contributions | | | | | | |
| _ | | | | | | | | | |
| If yes, list Event # | 12/2 | 28/2017 | \$200.00 | | \$200.00 | | | | |

Page 111 of 189

| A MONETA DV DECEMBER (C. P. A. D. | | | | | | | | | |
|--|----------|---|--|-------|--------------------|--|--|--|--|
| I. MONETARY RECEIPT | S (S | ection A-I) | 1 | | | | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT | | | | | | | | | |
| Dita for CT | | | January 10 Filing - Amendmer | nt | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| BROLIN | | MARINA | | | 0685 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 455 W 23rd St | | New York | | NY | 10011-2148 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| GRAPHIC DESIGN | | | NA BROLIN DESIGN | | | | | | |
| | | Is contributor a l | obbyist, spouse, or | Amou | nt of Contribution | | | | |
| is contributor a principal of a state contractor or prospective state contractor? Yes No | O | dependent child of | Vac | | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| X No Cash Personal Check | 12/ | 28/2017 | \$100.00 | | \$100.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 12/ | 20, 201, | Ψ100.00 | | 4100.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| BARETZ | 11130 | WILLIAM | | IVII | 0686 | | | | |
| Residential Street Address | City | WILLIAM | | State | Zip Code | | | | |
| | City | Haminatan D | | | * | | | | |
| 53 Riker Ave | | Harrington Pa | | NJ | 07640-1318 | | | | |
| Principal Occupation | | Name of Employ | | | _ | | | | |
| SALES | | | ED STATES INFORMATION SY | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Is contributor a l dependent child of | obbyist, spouse, or Yes | Amou | nt of Contribution | | | | |
| If yes, indicate which branch or branches of | | dependent child c | <u> </u> | | | | | | |
| government the contract is with: | | | x _{No} | | | | | | |
| Is this contribution associated with Yes Wethod of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| Ŭ No ☐ | 12/ | 28/2017 | \$100.00 | | \$100.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| BOGDANSKI | | MIKE | | | 0687 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 32 Bouton St | | Stamford | | СТ | 06907 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| ALARM INSTALLATION | | NEW | CANAAN ALARM | | | | | | |
| | | | obbyist, spouse, or | Amou | nt of Contribution | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No. | 0 | dependent child of | | | | | | | |
| If yes, indicate which branch or branches of Executive Legislative | | | x No | | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | Bute | received | 1 1551 egate continuations | | | | | | |
| X No Cash Personal Check | 12/ | 28/2017 | \$100.00 | | \$100.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 12/. | 20/2017 | \$100.00 | | \$100.00 | | | | |
| LAN | г | | | 10 | G (1 (ID# | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| GORE | | DON | | | 0688 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 487 E Main St Ste 326 | <u> </u> | Mount Kisco | | NY | 10549-3420 | | | | |
| Principal Occupation | | Name of Employ | | | | | | | |
| ALARM INSTALLATION | | | CANAAN ALARM | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No | 0 | Is contributor a le dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | nt of Contribution | | | | |
| If yes, indicate which branch or branches of | | acpendent child (| or a robbyist? | | | | | | |
| government the contract is with: | | | x _{No} | | | | | | |
| Is this contribution associated with Yes Yes | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| If yes, list Event # Cash Credit/Debit Card | 12/ | 28/2017 | \$250.00 | | \$250.00 | | | | |

Page 112 of 189

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | |
|--|--------|--------------------|-------------------------|----------|----------------------|--|--|--|--|
| | 5 (50 | ection A-I) | 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 | First | | | MI | Contribution ID # | | | | |
| MINOR | | CRAIG | | | 0689 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 88 Anderson Ave | | Bristol | | СТ | 06010-6739 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| CITY PLANNER | | TOWN | N OF NEWINGTON | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | nt of Contribution | | | | |
| is contributor a principal of a state contractor or prospective state contractor? Yes No |) | dependent child of | of a lobbyist? | | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| X No Cash Personal Check | 12/ | 28/2017 | \$75.00 | | \$25.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | 20, 201, | 475.00 | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| COHAN | 1 1130 | JEFF | | 1411 | 0690 | | | | |
| | C't | JEFF | | Ct-t- | | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 2 Gum Tree Rd | | Lafayette Hil | | PA | 19444-2432 | | | | |
| Principal Occupation | | Name of Employ | | | | | | | |
| CAR SALESMAN | | | ENIUM LEASING | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | | obbyist, spouse, or Yes | Amou | nt of Contribution | | | | |
| If yes, indicate which branch or branches of | - | dependent child of | of a foodyist? | | | | | | |
| government the contract is with: Executive Legislative | | | x _{No} | | | | | | |
| Is this contribution associated with Yes Yes | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 28/2017 | \$100.00 | | \$100.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| CABRAL | | ALBERT | | | 0691 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 3 Bartlett Mnr | | Norwalk | | СТ | 06850-1901 | | | | |
| Principal Occupation | | Name of Employ | or | <u> </u> | 00030 1301 | | | | |
| DISASTER RESTORATION | | | TOWER GROUP | | | | | | |
| | | | | A.m.o.v | nt of Contribution | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | dependent child of | V | Amou | iit of Collification | | | | |
| If yes, indicate which branch or branches of | | 1 | x _{No} | | | | | | |
| government the contract is with: | _ | | | | | | | | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| | | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 28/2017 | \$100.00 | | \$100.00 | | | | |
| | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| PONZO | | VINCENT | | | 0692 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 420 W42ND St Apt 10B | | New York | | NY | 10036 | | | | |
| Principal Occupation | | Name of Employ | er | - | | | | | |
| EDUCATION | | COLU | MBIA BUSINESS SCHOOL | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | , | | obbyist, spouse, or Yes | Amou | nt of Contribution | | | | |
| If yes, indicate which branch or branches of | - | dependent child of | of a lobbyist? | | | | | | |
| government the contract is with: | | | x _{No} | | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions |] | | | | | |
| an event reported in Section J1? | 1 | | | | | | | | |
| X No Cash Personal Check | 12/ | 28/2017 | \$51.22 | | \$21.11 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | l i | | | ı | | | | | |

Page 113 of 189

| I, MONETARY RECEIP | TC (C | ation A.D. | | | |
|---|--------|--|---|-------------|---------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | cuon A-1) | TYPE OF REPORT | | |
| Dita for CT | | | January 10 Filing - Amendmer | nt | |
| | | | | | |
| B. Itemized Contributions fr | om Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| EGAN | | JIM | | | 0693 |
| Residential Street Address | City | | | State | Zip Code |
| 82 Truman St | | Norwalk | | СТ | 06850-3553 |
| Principal Occupation | | Name of Employ | er | | |
| LOCKSMITH | | EGAN | AND SONS LOCKSMITH SER | VICE | |
| Is contributor a principal of a state contractor or prospective state contractor? | No | | obbyist, spouse, or Yes | Amou | ant of Contribution |
| If yes, indicate which branch or branches of | | dependent child of | of a fobbyist? | | |
| government the contract is with: | | | x _{No} | | |
| Is this contribution associated with Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section 31? | | | | | |
| If yes, list Event # | 12/2 | 28/2017 | \$100.00 | | \$100.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| ELANGO | | ANITA | | | 0694 |
| Residential Street Address | City | | | State | Zip Code |
| 108 Lisa Dr | | South Winds | or | СТ | 06074-1836 |
| Principal Occupation | | Name of Employ | er | | |
| HOMEMAKER | | HOME | EMAKER | | |
| Is contributor a principal of a state contractor or prospective state contractor? | No | | obbyist, spouse, or Yes | Amou | ant of Contribution |
| If yes, indicate which branch or branches of | 110 | dependent child of | of a lobbyist? | | |
| government the contract is with: Executive Legislative | | | x _{No} | | |
| Is this contribution associated with Section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in section 71? | | | | | |
| If yes, list Event # | 12/2 | 28/2017 | \$100.00 | | \$100.00 |
| If yes, list Event # | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| CHOWDHURY | | SAYEED | | | 0695 |
| Residential Street Address | City | | | State | Zip Code |
| 88 Judd St | | Fairfield | | CT | 06824-3512 |
| Principal Occupation | | Name of Employ | er | | |
| DATA ARCHITECT | | GE | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | No | | obbyist, spouse, or Yes | Amou | ant of Contribution |
| If yes, indicate which branch or branches of | NO | dependent child of | of a followist: | | |
| government the contract is with: | | | x _{No} | | |
| Is this contribution associated with Section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section 11? | | | | | |
| If yes, list Event # | 12/2 | 28/2017 | \$100.00 | | \$100.00 |
| in yes, list Event # | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| CASTRO | | ISAAC | | | 0696 |
| Residential Street Address | | | | | Zip Code |
| 1 Random Rd | City | | | State | Zip Code |
| | City | Norwalk | | State CT | 06851-2808 |
| Principal Occupation | City | Norwalk Name of Employ | er | | |
| | City | Name of Employ | er C CASTRO ELECTRICIAN | | |
| Principal Occupation ELECTRICIAN | | Name of Employ | c CASTRO ELECTRICIAN obbyist, spouse, or | СТ | |
| Principal Occupation ELECTRICIAN Is contributor a principal of a state contractor or prospective state contractor? Yes | | Name of Employ | c CASTRO ELECTRICIAN obbyist, spouse, or of a lobbyist? Yes | СТ | 06851-2808 |
| Principal Occupation ELECTRICIAN Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of | | Name of Employ ISAAC Is contributor a l | c CASTRO ELECTRICIAN obbyist, spouse, or | СТ | 06851-2808 |
| Principal Occupation ELECTRICIAN Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative | No | Name of Employ ISAAC Is contributor a l | c CASTRO ELECTRICIAN obbyist, spouse, or of a lobbyist? Yes | СТ | 06851-2808 |
| Principal Occupation ELECTRICIAN Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative | No | Name of Employ ISAAC Is contributor a l dependent child of | c CASTRO ELECTRICIAN obbyist, spouse, or of a lobbyist? Yes x No | СТ | 06851-2808 |

Page 114 of 189

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | |
|---|-------|---|---|----------|--------------------|--|--|--|--|
| | 5 (56 | ection A-I) | TYPE OF PEROPE | | | | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT | | | | | | | | | |
| Dita for CT January 10 Filing - Amendmen | | | | | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| BURKE | | ANDREW | | | 0697 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 45 Glenville Rd | | Greenwich | | СТ | 06831-5331 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| CATERER | | SELF | EMPLOYED | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | nt of Contribution | | | | |
| is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | dependent child of | of a lobbyist? | | | | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| X No Cash Personal Check | 12/2 | 28/2017 | \$5.00 | | \$5.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| ISLAM | | SYED SHAHA | AZ | | 0698 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 14 Fans Rock Rd | | Hamden | | СТ | 06518-2058 | | | | |
| Principal Occupation | - | Name of Employ | er | <u> </u> | 00010 1000 | | | | |
| IT MANAGER | | | iartford | | | | | | |
| | | | obbyjet enouge or | Amou | nt of Contribution | | | | |
| is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | dependent child o | Vac | 111104 | in or commonion | | | | |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | | | | | |
| government the contract is with: Is this contribution associated with Method of contribution: | Doto | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | Date | Received | Aggregate Contributions | | | | | | |
| Cash Personal Check | 12/ | 20/2017 | ¢100.00 | | ¢100.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 12/ | 28/2017 | \$100.00 | | \$100.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| SHANER | FIISt | KATE | | IVII | 0699 | | | | |
| | City | NATE | | Ct-t- | | | | | |
| Residential Street Address | City | Cooperation in the | | State | Zip Code | | | | |
| 3 Putnam Grn Apt C | | Greenwich | | СТ | 06830-6024 | | | | |
| Principal Occupation | | Name of Employ | | | | | | | |
| MUSIC TEACHER | | | NWICH SUZUKI ACADEMY | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | nt of Contribution | | | | |
| If yes, indicate which branch or branches of | | 1 | x _{No} | | | | | | |
| government the contract is with: | Б. | D : 1 | | | | | | | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: Yes | Date | Received | Aggregate Contributions | | | | | | |
| X No Cash Personal Check | | 20/2017 | +25.00 | | +25.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 12/. | 28/2017 | \$25.00 | | \$25.00 | | | | |
| | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| FISHMAN | | LAURA | | | 0700 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 2 Larch Tree Ln | | Westport | | СТ | 06880-1120 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| FAMILY THERAPIST | | MS. | | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No | , | Is contributor a le dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | nt of Contribution | | | | |
| If yes, indicate which branch or branches of | | | x No | | | | | | |
| government the contract is with: Executive Legislative | | | | | | | | | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| _ | 1 | | | | | | | | |
| If yes, list Event # Cash Credit/Debit Card | 12/2 | 28/2017 | \$625.00 | | \$250.00 | | | | |

Page 115 of 189

| I MONETA DV DECEMBER (C. P. A. D. | | | | | | | | | |
|--|-------|--|---|-------|------------------------|--|--|--|--|
| I. MONETARY RECEIPTS | S (S | ection A-I) | TYPE OF REPORT | | | | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | nt | | | | | | | | |
| Dita for CT | п | | | | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| BHARGAVA | | BENU | | | 0701 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 6 Devenshire Ct | | Sterling | | VA | 20165-5663 | | | | |
| Principal Occupation | | Name of Employ | | | | | | | |
| П | | NEUS | | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | nt of Contribution | | | | |
| If yes, indicate which branch or branches of Executive Legislative | | dependent ennu (| x _{No} | | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| If yes_list Event # | 12/ | 28/2017 | \$375.00 | | \$375.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| BHARGAVA | | OLGA | | | 0702 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 6 Devenshire Ct | | Sterling | | VA | 20165-5663 | | | | |
| Principal Occupation | | Name of Employ | er | - | • | | | | |
| ACCOUNTANT | | GIESI | ECKE & DEVRIENT AMERICA | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | | obbyist, spouse, or Yes | Amou | nt of Contribution | | | | |
| If yes, indicate which branch or branches of | , | dependent child of | of a foodyist? | | | | | | |
| government the contract is with: | | | x No | | | | | | |
| Is this contribution associated with A second reported in Section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? X No Cash Personal Check | | | | | | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 12/ | 28/2017 | \$375.00 | | \$375.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| DARANY | FIISt | TIBOR | | IVII | 0703 | | | | |
| Residential Street Address | City | TIBOR | | State | Zip Code | | | | |
| 974 North St | City | Greenwich | | CT | 06831-2845 | | | | |
| Principal Occupation | | Name of Employ | er | | 00031 2013 | | | | |
| RETIRED | | RETIF | | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or | Amou | int of Contribution | | | | |
| |) | dependent child of | | | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| If yes, list Event # | 12/ | 28/2017 | \$225.00 | | \$25.00 | | | | |
| T. AV | г | | | | G (3 C B) | | | | |
| Last Name MASHIA | First | DIANA | | MI | Contribution ID # 0704 | | | | |
| Residential Street Address | City | DIANA | | State | Zip Code | | | | |
| 18 Whippoorwill Ln | City | Westport | | CT | 06880-2257 | | | | |
| Principal Occupation | | Name of Employ | or. | Ci | 00000-2237 | | | | |
| CONSULTANT | | | N SOLUTIONS LLC | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | , | Is contributor a l | obbyist, spouse, or | Amou | ant of Contribution | | | | |
| If yes, indicate which branch or branches of | , | dependent child of | of a fobbyist? | | | | | | |
| government the contract is with: Executive Legislative | | | x _{No} | | | | | | |
| Is this contribution associated with Section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| If yes, list Event # | 12/ | 28/2017 | \$100.00 | | \$100.00 | | | | |

Page 116 of 189

| I MONETA DV DECEDTO (O. P A. D. | | | | | | | | | |
|--|-------|--|--|----------------|--------------------|--|--|--|--|
| I. MONETARY RECEIPTS | S (Se | ection A-I) | 1 | | | | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT | | | | | | | | | |
| Dita for CT | | | January 10 Filing - Amendmer | nt | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| MCENROE | | DIANE | | | 0705 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 21 Cresthill Pl | | Stamford | | СТ | 06902-8037 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| ATTORNEY | | SIDLE | Y AUSTIN | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | nt of Contribution | | | | |
| is contributor a principal of a state contractor or prospective state contractor? Yes X No | , | dependent child of | of a lobbyist? | | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | | | | |
| Is this contribution associated with Yes Wethod of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| If ves. list Event # | 12/2 | 29/2017 | \$100.00 | | \$100.00 | | | | |
| If yes, list Event# Money Order X Credit/Debit Card | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| HANDLER | | KIM | | | 0706 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 24 Lower Cross Rd | - | Greenwich | | СТ | 06831-3002 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| DESIGNER | | SELF | | | | | | | |
| | | | obbyist, spouse, or | Amou | nt of Contribution | | | | |
| is contributor a principal of a state contractor or prospective state contractor? | , | dependent child o | Vac | 111104 | in or commonion | | | | |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | | | | | |
| government the contract is with: Is this contribution associated with Method of contribution: | Doto | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | Date | Received | Aggregate Contributions | | | | | | |
| Cash Personal Check | 12/ | 20/2017 | ±150.00 | | + F0.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 12/. | 29/2017 | \$150.00 | | \$50.00 | | | | |
| | | | | | a . 1 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| BHARGAVA | | THILU | | | 0707 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 3000 Creekside Dr | | Dundas | | ON | | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| RETIRED TEACHER | | | MBIA INTERNATIONAL COLL | EGE, HAMII | TON, ONTARIO | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | , | Is contributor a l dependent child of | obbyist, spouse, or Yes | Amou | nt of Contribution | | | | |
| If yes, indicate which branch or branches of | | dependent child c | i a lobbyist: | | | | | | |
| government the contract is with: Executive Legislative | | | x _{No} | | | | | | |
| Is this contribution associated with A second of contribution: Yes Yes | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/2 | 29/2017 | \$100.00 | | \$100.00 | | | | |
| | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| BHARGAVA | | ANAMI | | | 0708 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 3000 Creekside Dr | | Dundas | | ON | | | | | |
| Principal Occupation | | Name of Employ | er | - | | | | | |
| RETIRED - IT PROFESSIONAL | | MCMA | STER UNIVERSITY, HAMILTO | N, ONTAR | O, CANADA | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | , | | obbyist, spouse, or So Johnwigt? Yes | Amou | nt of Contribution | | | | |
| If yes, indicate which branch or branches of | | dependent child of | i a lobbyist? | | | | | | |
| government the contract is with: Executive Legislative | | | x _{No} | | | | | | |
| Is this contribution associated with Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/2 | 29/2017 | \$151.00 | | \$151.00 | | | | |

Page 117 of 189

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | |
|--|--------|--|------------------------------------|-------|--------------------|--|--|--|--|
| | 5 (56 | ection A-I) | TYPE OF PEROPE | | | | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT | | | | | | | | | |
| Dita for CT January 10 Filing - Amendmen | | | | | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| PLATSIS | | MARIA | | | 0709 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 11 Brook Dr | | Greenwich | | СТ | 06830-6324 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| EXECUTIVE | | INTEC | GRA LIFESCIENCES | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | nt of Contribution | | | | |
| is contributor a principal of a state contractor or prospective state contractor? Yes No |) | dependent child of | of a lobbyist? | | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| X No Cash Personal Check | 12/ | 29/2017 | \$100.00 | | \$100.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | | 7 | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| BROWN | 1 1130 | HENRY | | 1411 | 0710 | | | | |
| Residential Street Address | City | HEINKT | | State | | | | | |
| | City | | | 1 | Zip Code | | | | |
| 105 Church St | | Wethersfield | | СТ | 06109-2342 | | | | |
| Principal Occupation | | Name of Employ | | | | | | | |
| GOVERNMENT RELATIONS | | | GOVERNMENT RELATIONS | 1 | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | Is contributor a l dependent child of | obbyist, spouse, or Yes | Amou | nt of Contribution | | | | |
| If yes, indicate which branch or branches of | | dependent child (| | | | | | | |
| government the contract is with: | | | x _{No} | | | | | | |
| Is this contribution associated with Yes Yes | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| | 12/ | 29/2017 | \$100.00 | | \$100.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| CARTER | | MARY | | | 0711 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 3148 Rehoboth Dr | | Decatur | | GA | 30033-3339 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| JOURNSLIST | | WEBN | 1D | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or | Amou | nt of Contribution | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No. |) | dependent child of | | | | | | | |
| If yes, indicate which branch or branches of Executive Legislative | | | x No | | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | Dute | Trecerved | 1 156. Chaire Commontons | | | | | | |
| X No Cash Personal Check | 12/ | 29/2017 | \$50.00 | | \$50.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 12/ | 29/2017 | \$30.00 | | \$50.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| | FIISt | 1114 | | IVII | | | | | |
| GLANZMANN | G'i | JIM | | G | 0712 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 815 Stenton Pl | L | Ocean City | | NJ | 08226-4341 | | | | |
| Principal Occupation | | Name of Employ | | | | | | | |
| CAR SALES | | | MOTOR CAR | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? | Amou | nt of Contribution | | | | |
| If yes, indicate which branch or branches of | | | x No | | | | | | |
| government the contract is with: Executive Legislative | | | | | | | | | |
| Is this contribution associated with an event reported in Section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section 31? | | | | | | | | | |
| If yes, list Event # Cash Credit/Debit Card | 12/2 | 29/2017 | \$50.00 | | \$50.00 | | | | |

Page 118 of 189

| I. MONETARY RECEIPT | S (Se | ection A-I) | 1 | | | |
|--|----------|--|--------------------------------------|-----------------|-------|--------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPO | | + | |
| Dita for CT January 10 Filing - Amendmen | | | | | | |
| B. Itemized Contributions from | n Ind | lividuals | | | | |
| Last Name | First | | | | MI | Contribution ID # |
| DIAZ | | JOSE | | | | 0713 |
| Residential Street Address | City | | | | State | Zip Code |
| 1051 Post Rd | | Darien | | | СТ | 06820-5436 |
| Principal Occupation | | Name of Employe | | | | |
| PAINTER | | | RT ENTERPRISES INC | · | | |
| Is contributor a principal of a state contractor or prospective state contractor? | o | Is contributor a le dependent child o | obbyist, spouse, or f a lobbyist? | Yes | Amou | nt of Contribution |
| If yes, indicate which branch or branches of | | dependent enna o | _ | ν _{No} | | |
| government the contract is with: Is this contribution associated with Method of contribution: | Doto | Received | | No | | |
| an event reported in Section J1? | Date | Received | Aggregate Contributions | | | |
| X No Cash Personal Check | 12/ | 29/2017 | \$100.00 | , | | \$100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 12/ | 29/2017 | φ100.00 | | | ş100.00 |
| Last Name | First | | | | MI | Contribution ID # |
| FISHMAN | | ANDREW | | | | 0714 |
| Residential Street Address | City | | | | State | Zip Code |
| 2 Larch Tree Ln | | Westport | | | СТ | 06880-1120 |
| Principal Occupation | | Name of Employe | er | | | |
| STAFF ASSISTANT | | US SE | NATE | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a le | obbyist, spouse, or | Yes | Amou | nt of Contribution |
| | 3 | dependent child o | f a lobbyist? | _ 165 | | |
| If yes, indicate which branch or branches of government the contract is with: | | | <u> </u> | K No | | |
| Is this contribution associated with Yes Method of contribution: | Date | Received | Aggregate Contributions | | | |
| an event reported in Section J1? | | | | | | |
| If yes, list Event # Cash Credit/Debit Card | 12/ | 29/2017 | \$350.00 |) | | \$250.00 |
| | l | | | ! | | |
| Last Name | First | | | | MI | Contribution ID # |
| PYNN | | REGINA | | | | 0715 |
| Residential Street Address | City | C: | | | State | Zip Code |
| 25 Walker Dr Principal Occupation | <u> </u> | Simsbury Name of Employe | | ! | СТ | 06070-2641 |
| PROGRAM MANAGER | | HEXCI | | | | |
| | | | | | Amou | nt of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? Yes No | о | dependent child o | | Yes | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | <u> </u> | ν No | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | |
| an event reported in section 31? | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 29/2017 | \$25.00 |) | | \$25.00 |
| in yes, list Event # | | | | | | |
| Last Name | First | | | | MI | Contribution ID # |
| SINGLA | | ROHIT | | | | 0716 |
| Residential Street Address | City | | | | State | Zip Code |
| 1270 Romney Rd | <u> </u> | Bloomfield Hi | | | MI | 48304-1537 |
| Principal Occupation | | Name of Employe | | | | |
| DOCTOR | | | MONT HOPITAL | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No | o | Is contributor a lo dependent child o | obbyist, spouse, or f a lobbyist? | Yes | Amou | nt of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | | * | ν _{No} | | |
| government the contract is with: | Data | Received | Aggregate Contributions | _ NO | | |
| an event reported in Section J1? | Date | ICCCIVCU | Aggregate Contributions | | | |
| X No Cash Personal Check | 12/ | 29/2017 | \$5.00 | , | | \$5.00 |
| If yes list Event # Money Order X Credit/Debit Card | ı -′ | • | 72.00 | ı | | • |

Page 119 of 189

| I MONETA DV DECEMBER (C. P. A. D. | | | | | | | | | |
|--|-------|--------------------|-------------------------|----------|---------------------|--|--|--|--|
| I. MONETARY RECEIPT | S (Se | ection A-I) | 1 | | | | | | |
| 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 | First | | | MI | Contribution ID # | | | | |
| SAMBERG | | JOEL | | | 0717 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 76 Cider Brook Rd | | Avon | | СТ | 06001-2831 | | | | |
| Principal Occupation | | Name of Employ | er | | ! | | | | |
| WRITER | | SELF | EMPLOYED | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | int of Contribution | | | | |
| is contributor a principal of a state contractor or prospective state contractor? |) | dependent child of | of a lobbyist? | | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | 1 | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| X No Cash Personal Check | 12/ | 29/2017 | \$10.00 | | \$5.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | · | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| BROWN | | PAT | | | 0718 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 49 Garfield Ave | | North Haven | | CT | 06473-4405 | | | | |
| Principal Occupation | | Name of Employ | or | <u> </u> | 00473 4403 | | | | |
| RETIRED | | RETIF | | | | | | | |
| | | | obbyist, spouse, or | Amou | unt of Contribution | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | dependent child of | Vac | Alliou | int of Contribution | | | | |
| If yes, indicate which branch or branches of | | 1 | · | | | | | | |
| government the contract is with: Executive Legislative | _ | | | | | | | | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| Cash Personal Check | | | | | | | | | |
| If yes, list Event # Cash Credit/Debit Card | 12/ | 29/2017 | \$5.00 | | \$5.00 | | | | |
| | | | | | i | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| DARANY | | BRITA | | | 0719 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 974 North St | | Greenwich | | СТ | 06831-2845 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| NONE | | NONE | | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | , | | obbyist, spouse, or Yes | Amou | int of Contribution | | | | |
| If yes, indicate which branch or branches of | , | dependent child of | of a followist: | | | | | | |
| government the contract is with: | | | x No | | | | | | |
| Is this contribution associated with Yes Yes Yes | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| Ŭ No l□ □ | 12/ | 29/2017 | \$275.00 | | \$25.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| KISH | | JAMES | | | 0720 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 314 Wilton Rd W | | Ridgefield | | СТ | 06877-5532 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| SELF- EMPLOYED | | | TRICAL CONTRACTOR | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or | Amou | ant of Contribution | | | | |
| |) | dependent child of | · | | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | 1 | | | | | |
| an event reported in Section J1? | | | · · · · · · | | | | | | |
| X No Cash Personal Check | 12/ | 29/2017 | \$25.00 | | \$25.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | I, | , | 7-5.00 | I | | | | | |

Page 120 of 189

| I MONETA BY DECEMBER (C. P. A. D. | | | | | | | | | |
|--|--------|--|--|--------|---------------------|--|--|--|--|
| I. MONETARY RECEIPT | S (S | ection A-I) | TYPE OF REPORT | | | | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | | | | | | | |
| Dita for CT January 10 Filing - Amendmen | | | | | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| CROCCO | | KIM | | | 0721 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| PO Box 426 | | Cos Cob | | СТ | 06807-0426 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| SELF EMPLOYED | | | EMPLOYED | | | | | | |
| | | | obbyict enouge or | Amou | unt of Contribution | | | | |
| is contributor a principal of a state contractor or prospective state contractor? Yes No |) | dependent child of | Vac | Amou | int of Contribution | | | | |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | | | | | |
| government the contract is with. | Б. | D : 1 | | | | | | | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| Cash Personal Check | | | | | | | | | |
| If yes, list Event # No Money Order X Credit/Debit Card | 12/ | 29/2017 | \$35.00 | | \$35.00 | | | | |
| | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| WIEGENFELD | | NATALIE | | | 0722 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 82 Doubling Rd | | Greenwich | | СТ | 06830-4047 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| LAWYER | | N/A | | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or | Amou | int of Contribution | | | | |
| is contributor a principal of a state contractor or prospective state contractor? Yes No. |) | dependent child of | Vac | | | | | | |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | Date | Received | Aggregate Contributions | | | | | | |
| Cash Personal Check | | 20/2017 | +50.00 | | +50.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 12/. | 29/2017 | \$50.00 | | \$50.00 | | | | |
| 1 | | | | ! ! | T | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| BLOOD | | CATHLEEN | | | 0723 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 14 Druid Ln | | Riverside | | СТ | 06878-1805 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| DIGITAL MEDIA STRATEGIST | | NEST | NEW MEDIA | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | , | | obbyist, spouse, or Yes | Amou | nt of Contribution | | | | |
| | , | dependent child of | n a lobbyist: | | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| X No Cash Personal Check | 12/ | 29/2017 | \$50.00 | | \$50.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | ĺ | -, | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| SMITH | 1 1130 | ERICA | | IVII | 0724 | | | | |
| | G'i | ERICA | | G | | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 12 Coachlamp Ln | | Greenwich | | СТ | 06830-4003 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| STUDENT | | SELF | | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | int of Contribution | | | | |
| If yes, indicate which branch or branches of | | acpendent child (| or a roodyrst? | | | | | | |
| government the contract is with: | | | x _{No} | | | | | | |
| Is this contribution associated with Yes Yes | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| If yes, list Event # Cash Credit/Debit Card | 12/ | 29/2017 | \$100.00 | | \$100.00 | | | | |
| 1 1 yes, not byont # Li Credit/Debit Card | | | | | | | | | |

Page 121 of 189

| I MONETA DV DECEMBER (C. P. A. D. | | | | | | | | | |
|---|----------|--|---|----------|---------------------|--|--|--|--|
| I. MONETARY RECEIPT | S (Se | ection A-I) | I | | | | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Dita for CT January 10 Filing - Amendment | | | | | | | | | |
| Dita for CT | | | January 10 Tilling - Amendmen | | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| KANJI | | MUKTI | | | 0725 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 741 Greenwood Ave NE | <u> </u> | Atlanta | | GA | 30306-5702 | | | | |
| Principal Occupation | | Name of Employ | | | | | | | |
| PHYSICIAN | | HUCF | | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No | o | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | int of Contribution | | | | |
| If yes, indicate which branch or branches of Executive Legislative | | acpendent enna | x _{No} | | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | | | 1.99.18 | | | | | | |
| X No Cash Personal Check | 12/ | 29/2017 | \$100.00 | | \$100.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | | Ţ | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| YARD | | LARRY | | | 0726 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 1125 Laguna Seca Ct | | Banning | | CA | 92220-5360 | | | | |
| Principal Occupation | | Name of Employ | er | | ! | | | | |
| CASINO MANAGER | | MORC | NGO CASINO | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | int of Contribution | | | | |
| | 0 | dependent child of | of a lobbyist? | | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | | | | |
| Is this contribution associated with Yes Yes | Date | Received | Aggregate Contributions | 1 | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| If yes, list Event # Cash Credit/Debit Card | 12/ | 29/2017 | \$25.00 | | \$25.00 | | | | |
| If yes, list Event # | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| SOCKET | | BRUCE | | | 0727 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 25 Nimitz Pl | | Old Greenwid | ch | СТ | 06870-1117 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| RETIRED | | RETIR | RED | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | o | Is contributor a l dependent child of | obbyist, spouse, or Yes | Amou | int of Contribution | | | | |
| If yes, indicate which branch or branches of | | dependent enna e | x No | | | | | | |
| government the contract is with: Executive Legislative | | | | | | | | | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| X No Cash Personal Check | 12/ | 20/2017 | * F0.00 | | * F0.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 12/. | 29/2017 | \$50.00 | | \$50.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| BLUMENSAADT | First | ANN | | IVII | 0534 | | | | |
| Residential Street Address | City | AININ | | State | Zip Code | | | | |
| 4 Talbot Ln | City | Greenwich | | CT | 06830-5911 | | | | |
| Principal Occupation | | Name of Employ | er | <u> </u> | 00030 3311 | | | | |
| RETIRED | | RETIR | | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or | Amou | ant of Contribution | | | | |
| | 0 | dependent child of | · | | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | 1 | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| If yes, list Event # Cash Credit/Debit Card | 12/ | 29/2017 | \$100.00 | | \$100.00 | | | | |

Page 122 of 189

| I. MONETARY RECEIPT | S (Se | ection 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 | n Ind | lividuals | | | |
| Last Name MOLINA | First | OSCAR | | MI | Contribution ID # |
| Residential Street Address | City | USCAR | | State | Zip Code |
| 8 S Highland Ave | City | Nyack | | NY | 10960-2443 |
| Principal Occupation | | Name of Employ | er | 1 1111 | 10300 2443 |
| MANAGER | | | ETTA RESTAURANT | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | | obbyist, spouse, or | Yes | ount of Contribution |
| If yes, indicate which branch or branches of | | dependent child of | x 1 | | |
| government the contract is with: Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | _ | |
| an event reported in Section J1? | | | | | |
| If yes, list Event # | 12/ | 29/2017 | \$100.00 | | \$100.00 |
| Last Name | First | | | MI | Contribution ID # |
| PUGA | FIISt | JORGE | | IVII | 0536 |
| Residential Street Address | City | JORGE | | State | Zip Code |
| 85 N Highland Ave | | Nyack | | NY | 10960-1804 |
| Principal Occupation | <u> </u> | Name of Employ | er | | 10300 100. |
| UNEMPLOYED | | UNEM | IPLOYED | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amo | ount of Contribution |
| | D | dependent child of | of a lobbyist? | Yes | |
| If yes, indicate which branch or branches of government the contract is with: | | | x 1 | No | |
| Is this contribution associated with Yes Yes | Date | Received | Aggregate Contributions | | |
| an event reported in Section J1? X No | 12/ | 29/2017 | \$100.00 | | \$100.00 |
| in you, min in the interest of | <u> </u> | | | | |
| Last Name | First | | | MI | Contribution ID # |
| NAZARETH | | CECIL | | | 0728 |
| Residential Street Address | City | \A/:14 | | State | Zip Code |
| 66 Thunder Lake Rd | <u> </u> | Wilton | or. | СТ | 06897-1334 |
| Principal Occupation CPA | | Name of Employ | EMPLOYED | | |
| - | | | | Amo | ount of Contribution |
| Yes X No | O | dependent child of | | Yes | |
| If yes, indicate which branch or branches of government the contract is with: | | | x 1 | No | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: Yes | Date | Received | Aggregate Contributions | | |
| If yes, list Event # Cash Personal Check Money Order Credit/Debit Card | 12/ | 30/2017 | \$100.00 | | \$100.00 |
| | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| HESS | a: | FREDERICK | | | 0729 |
| Residential Street Address | City | Westport | | State CT | Zip Code 06880-6147 |
| 60 Edgewater Commons Ln Principal Occupation | | Westport Name of Employ | er | CI | 00000-0147 |
| CONSULTANT | | SELF | Ci | | |
| Is contributor a principal of a state contractor or prospective state contractor? | n | Is contributor a l | obbyist, spouse, or | Yes | ount of Contribution |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | dependent child of | of a lobbyist? | | |
| government the contract is with: | Date | Received | Aggregate Contributions | \dashv | |
| an event reported in Section J1? | | | | | |
| If yes, list Event # Cash Personal Check Money Order Cash Personal Check Credit/Debit Card | 12/ | 30/2017 | \$350.00 | | \$250.00 |

Page 123 of 189

| I. MONETARY RECEIPT | S (Se | ection A-I) | | | | | | | |
|--|--|---|---|--------|---------------------|--|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | | | | | |
| Dita for CT | | | January 10 Filing - Amendmer | nt | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| AMIN | | YOGESH | | | 0730 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 2 Quarry Dr | | New City | | NY | 10956-4231 | | | | |
| Principal Occupation | | Name of Employ | er | • | | | | | |
| RETIRED | | RETIR | RED | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | | obbyist, spouse, or Yes | Amou | int of Contribution | | | | |
| If yes, indicate which branch or branches of | | dependent child of | of a foodyist? | | | | | | |
| government the contract is with: | | | x _{No} | 1 | | | | | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| Cash Personal Check | 42/ | 20/2017 | +50.00 | | +50.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 12/. | 30/2017 | \$50.00 | | \$50.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| SCHINE | 1 1130 | LINDSAY | | IVII | 0731 | | | | |
| Residential Street Address | City | LINDSAI | | State | Zip Code | | | | |
| 141 Godfrey Rd E | , | Weston | | CT | 06883-1425 | | | | |
| Principal Occupation | _ | Name of Employ | er | 1 | 00000 1.20 | | | | |
| PHYSICIAN | | WEST | HAVEN VA | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | nt of Contribution | | | | |
| | 0 | dependent child of | of a lobbyist? | | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | | | | |
| Is this contribution associated with Yes Yes | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section 31? | | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/3 | 30/2017 | \$100.00 | | \$100.00 | | | | |
| | | | | | i | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| GORDON | | JILL | | | 0732 | | | | |
| Residential Street Address | City | Na | | State | Zip Code | | | | |
| 142 E Ave A404 | <u>. </u> | Norwalk | or . | СТ | 06851-5742 | | | | |
| Principal Occupation INTERIOR DESIGNER | | Name of Employ SELF | er | | | | | | |
| Is contributor a principal of a state contractor or promotive state contractor? | | | obbyist, spouse, or | Amou | int of Contribution | | | | |
| Yes X No | o | dependent child of | | 111100 | and of Commodulon | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | | | | |
| In this contribution associated with Mothed of contributions | Date | Received | Aggregate Contributions | 1 | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/3 | 30/2017 | \$25.00 | | \$25.00 | | | | |
| If yes, list Event # | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| PATEL | | KRISHNA | | | 0733 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 17 Woodway Ln | L | Westport | | СТ | 06880 | | | | |
| Principal Occupation | | Name of Employ | | | | | | | |
| ATTORNEY | | | E FARMS FOUNDATION | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No | 0 | Is contributor a li dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | int of Contribution | | | | |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | | | | | |
| government the contract is with: | Date | Received | Aggregate Contributions | 1 | | | | | |
| an event reported in Section J1? | Juic | | | | | | | | |
| X No Cash Personal Check | 12/3 | 30/2017 | \$375.00 | | \$375.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 1 | | | i | | | | | |

Page 124 of 189

| A MONTH DAY DE GENERAL OF A 1 A 1 A | | | | | | | | | |
|---|-------|---|---|-------|--------------------|--|--|--|--|
| I. MONETARY RECEIPT | S (Se | ection A-I) | 1 | | | | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Insurant 40 Filing Amendment | | | | | | | | | |
| Dita for CT | | | January 10 Filing - Amendmer | ıı | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| WILLIS | | LISA | | | 0734 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| PO Box 1299 | | Villa Rica | | GA | 30180-6299 | | | | |
| Principal Occupation | | Name of Employ | | | | | | | |
| BUSINESS OWNER | | | S PROFESSIONAL SERVICES | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | nt of Contribution | | | | |
| If yes, indicate which branch or branches of Executive Legislative | | F | x _{No} | | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | Duit | 10001100 | 1.6g. egate controlations | | | | | | |
| X No Cash Personal Check | 12/ | 30/2017 | \$100.00 | | \$100.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | | Ţ | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| TOOMEY-WILSON | | DIANA | | | 0735 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 19 Fireside Ct | | Norwalk | | СТ | 06850-2710 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| STAY AT HOME PARENT | | NONE | | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or Yes | Amou | nt of Contribution | | | | |
| If yes, indicate which branch or branches of | , | dependent child of | of a lobbyist? | | | | | | |
| government the contract is with: | | | x _{No} | | | | | | |
| Is this contribution associated with Yes Wethod of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section 31? | | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 30/2017 | \$50.00 | | \$50.00 | | | | |
| — · · · — | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| PATERNA | | ANDREW | | | 0736 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 301 Strawberry Ln | | South Winds | | СТ | 06074-2092 | | | | |
| Principal Occupation | | Name of Employ | | 05 | | | | | |
| RETIRED-PROFESSOR | | | CHESTER COMMUNITY COLLE | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | nt of Contribution | | | | |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | Duit | 10001100 | 1.6g. egate controlations | | | | | | |
| X No Cash Personal Check | 12/ | 30/2017 | \$25.00 | | \$25.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | , | | | · | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| BENDFELDT | | SANDRA | | | 0737 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 333 Palmer Hill Rd Apt 2D | | Riverside | | СТ | 06878-1042 | | | | |
| Principal Occupation | | Name of Employ | er | | - | | | | |
| RETIRED | | RETIR | RED | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | Is contributor a le dependent child of | obbyist, spouse, or | Amou | nt of Contribution | | | | |
| If yes, indicate which branch or branches of Executive Legislative | | | x No | | | | | | |
| government the contract is with: | D-4 | Dagaiyad | | | | | | | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: Yes | Date | Received | Aggregate Contributions | | | | | | |
| X No Cash Personal Check | 12/ | 30/2017 | #100 00 | | ¢100.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 12/. | 30/2017 | \$100.00 | | \$100.00 | | | | |

Page 125 of 189

| I. MONETARY RECEIPT | S (Se | ection A-I) | 1 | | |
|--|------------------------------|--|---|---------|---------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Dita for CT January 10 Filing - Amendmen | | | | | |
| Dita for CT | Juneary 10 1 ming 7 menument | | | | |
| B. Itemized Contributions from | m Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| MOORE | | MARGARET | | | 0738 |
| Residential Street Address | City | | | State | Zip Code |
| 19 Palmer Ln | | Riverside | | СТ | 06878-2308 |
| Principal Occupation WRITER | | Name of Employ N/A | er | | |
| Is contributor a principal of a state contractor or prospective state contractor? | o | Is contributor a l dependent child of | obbyist, spouse, or Yes | Amou | ant of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | асренаен сина с | x _{No} | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section J1? | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 30/2017 | \$100.00 | | \$100.00 |
| Last Name | First | | | MI | Contribution ID # |
| SCHINE | | LOIS | | | 0739 |
| Residential Street Address | City | | | State | Zip Code |
| 208 Bayberry Ln | <u> </u> | Westport | | СТ | 06880-1604 |
| Principal Occupation | | Name of Employ | | | |
| ENGINEER-RETIRED | | RETIF | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No. | o | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | unt of Contribution |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | |
| Is this contribution associated with Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| x No Cash Personal Check | 12/ | 30/2017 | \$100.00 | | \$100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | | • | | | |
| Last Name | First | | | MI | Contribution ID # |
| JINDAL | | NUPUR | | | 0740 |
| Residential Street Address | City | | | State | Zip Code |
| 30 Mallard Dr | <u> </u> | Greenwich | | СТ | 06830-6710 |
| Principal Occupation CONSULTANT | | Name of Employ | er ORLDWIDE | | |
| | | | | Amou | unt of Contribution |
| Yes 🔼 No | О | dependent child of | | 7 tinou | nt of Contribution |
| If yes, indicate which branch or branches of government the contract is with: | | | x No | | |
| Is this contribution associated with Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section J1? X No | | 00/001= | 4075.00 | | |
| If yes, list Event # No Money Order X Credit/Debit Card | 12/. | 30/2017 | \$375.00 | | \$375.00 |
| Last Name | First | | | MI | Contribution ID # |
| CONNELLY | | MARTIN | | | 0741 |
| Residential Street Address | City | | | State | Zip Code |
| 141 Central Ave | | Hamden | | СТ | 06517-1810 |
| Principal Occupation | | Name of Employ | | | |
| ADMINISTRATOR Le contributor o minimal of a state contractor or mean active state contractor? | | | TERLOCAL RISK MANAGEMEI | | unt of Contribution |
| Is contributor a principal of a state contractor or prospective state contractor? Yes No | o | dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | nt of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section J1? | | | | | |
| X No | 12/ | 30/2017 | \$50.00 | 1 | \$50.00 |

Page 126 of 189

| 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 - Amendmer | nt | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| VAZQUEZ | | PENNY | | | 0742 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 52 Fairfield Rd | | Greenwich | | СТ | 06830-4856 | | | |
| Principal Occupation | | Name of Employ | | | | | | |
| SELF-EMPLOYED Is contributor a principal of a state contractor or prospective state contractor? | | | eMPLOYED obbyist, spouse, or | Amou | ant of Contribution | | | |
| is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | dependent child of | Voc | Amou | int of Contribution | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | | | |
| Is this contribution associated with Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? Cash Personal Check | | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 30/2017 | \$50.00 | | \$50.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| MCDERMOTT | | MARK | | | 0743 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 215 Old Post Rd | | Fairfield | | СТ | 06824-6234 | | | |
| Principal Occupation | | Name of Employ | er | | | | | |
| TEXTILE SALES | | AMER | ICAN & EFIRD LLC | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | ant of Contribution | | | |
| If yes, indicate which branch or branches of | | dependent enna e | | | | | | |
| government the contract is with: Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| an event reported in Section J1? | Date | Received | Aggregate Contributions | | | | | |
| X No Cash Personal Check | 12/ | 30/2017 | \$100.00 | | \$50.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| BHARGAVA | | ANAMI | | | 0744 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 3000 Creekside Dr # 701 | | Dundas | | ON | | | | |
| Principal Occupation | | Name of Employ | | ON ONTAR | TO CANADA | | | |
| RETIRED - IT PROFESSIONAL Is contributor a principal of a state contractor or prospective state contractor? | | | ASTER UNIVERSITY, HAMILTO obbyist, spouse, or | | int of Contribution | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes Yes |) | dependent child of | Vac | Alliot | ant of Contribution | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x No | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | 1 | | | | |
| an event reported in Section J1? | | | | | | | | |
| If yes, list Event # Cash Personal Check Cash Personal Check Cash Cash | 12/ | 30/2017 | \$101.00 | | \$101.00 | | | |
| Last Name | First | | | MI | Contribution ID # | | | |
| BHARGAVA | 1 1100 | ANAMI | | | 0745 | | | |
| Residential Street Address | City | | | State | Zip Code | | | |
| 87 Citadel Grv NW | | Calgary | | TX | | | | |
| Principal Occupation | | Name of Employ | er | | • | | | |
| RETIRED - PROFESSOR | | UNIVE | ERSITY OF CALGARY | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | Is contributor a le dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | ant of Contribution | | | |
| If yes, indicate which branch or branches of | | dependent child (| x No | | | | | |
| government the contract is with: Is this contribution associated with Method of contribution: | Det | Pagaiyad | | | | | | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | |
| X No Cash Personal Check | 12/ | 30/2017 | \$101.00 | | \$101.00 | | | |
| If yes, list Event # Money Order X Credit/Debit Card | / | ,, | Ψ101.00 | | T = 3 = 100 | | | |

Page 127 of 189

| I, MONETARY RECEIPT | S (Se | ection A-I) | | | | |
|--|--------|--|--|-------------|---------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | | | | |
| Dita for CT | | | January 10 Filing - Amendmen | nent | | |
| B. Itemized Contributions from | n Ind | lividuals | | | | |
| Last Name TORRES | First | GABRIEL | | MI | Contribution ID # | |
| Residential Street Address | City | OADITIEL | | State | Zip Code | |
| 33 Nicola St | City | Waterbury | | CT | 06704-2732 | |
| Principal Occupation | | Name of Employ | er | | | |
| BALLOON ARTIST | | | TYBROS.COM | | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | int of Contribution | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | dependent enna e | x _{No} | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | 1 | | |
| an event reported in Section J1? Yes Cash Personal Check | | | | | | |
| If yes, list Event # Cash Personal Check Money Order Credit/Debit Card | 12/ | 30/2017 | \$10.00 | | \$10.00 | |
| Last Name | First | | | MI | Contribution ID # | |
| HENDERSON | 1 1150 | DAVID | | | 0747 | |
| Residential Street Address | City | 5,,,,,, | | State | Zip Code | |
| 925 Sylvan Ln | | Mamaroneck | | NY | 10543-3954 | |
| Principal Occupation | | Name of Employ | er | | ! | |
| CEO | | SENS | SUM INC | | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | Is contributor a l | obbyist, spouse, or Yes | Amou | unt of Contribution | |
| If yes, indicate which branch or branches of Executive Legislative | | dependent child c | x No | | | |
| government the contract is with: Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | - | | |
| an event reported in Section J1? | Bute | received | Aggregate Controllions | | | |
| If yes, list Event # Cash Personal Check Money Order Credit/Debit Card | 12/ | 30/2017 | \$100.00 | | \$100.00 | |
| Last Name | First | | | MI | Contribution ID # | |
| HENDERSON | That | CARLA | | IVII | 0748 | |
| Residential Street Address | City | | | State | Zip Code | |
| 925 Sylvan Ln | | Mamaroneck | | NY | 10543-3954 | |
| Principal Occupation | | Name of Employ | | | | |
| HOMEMAKER | | | MAKER | 1 | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | dependent child of | obbyist, spouse, or of a lobbyist? | Amou | ant of Contribution | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | | |
| Is this contribution associated with Method of contribution: Yes Yes | Date | Received | Aggregate Contributions | | | |
| an event reported in Section 31? | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 30/2017 | \$100.00 | | \$100.00 | |
| Last Name | First | | | MI | Contribution ID # | |
| ACHARYA | | SHARADA | | | 0749 | |
| Residential Street Address | City | | | State | Zip Code | |
| 69 Miller Rd | | Castleton On | | NY | 12033-4022 | |
| Principal Occupation | | Name of Employ | | | | |
| UNEMPLOYED Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or | Amou | unt of Contribution | |
| Yes X No |) | dependent child of | of a lobbyist? | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | |
| an event reported in Section 31? | | | | | | |
| If yes, list Event # Cash Credit/Debit Card | 12/ | 30/2017 | \$100.00 | | \$100.00 | |

Page 128 of 189

| I MONETA DV DECEDTO (O. P A. D. | | | | | | | | | |
|--|-------|--------------------|------------------------------|----------|--------------------|--|--|--|--|
| L MONETARY RECEIPT | S (S | ection A-I) | 1 | | | | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT | | | | | | | | | |
| Dita for CT | | | January 10 Filing - Amendmer | nt | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| WEISS | | EVE | | | 0750 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 3135 Johnson Ave | | Bronx | | NY | 10463-3518 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| MUSICIAN | | SELF | | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | nt of Contribution | | | | |
| Yes X No |) | dependent child of | Voc | | | | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x No | | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| If yes list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 30/2017 | \$30.00 | | \$5.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| SCHINE | | LESLIE | | | 0751 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 70 Duncan Dr | | Greenwich | | СТ | 06831-3645 | | | | |
| Principal Occupation | | Name of Employ | er | <u> </u> | 00031 30 13 | | | | |
| RETIRED | | RETIF | | | | | | | |
| | | | abbyist spanse or | Amou | nt of Contribution | | | | |
| is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | dependent child of | Voc | Amou | nt of Contribution | | | | |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | | | | | |
| government the contract is with: | Б. | D : 1 | | | | | | | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| Cash Personal Check | | | | | | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 12/ | 30/2017 | \$100.00 | | \$100.00 | | | | |
| <u> </u> | | | | 1 | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| LUDDY | | PAM | | | 0752 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 69 Michael Rd | | Stamford | | СТ | 06903-3024 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| SALES | | BYRA | M HEALTHCARE | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | , | | obbyist, spouse, or Yes | Amou | nt of Contribution | | | | |
| If yes, indicate which branch or branches of | , | dependent child of | n a lobbyist: | | | | | | |
| government the contract is with: Executive Legislative | | | x _{No} | | | | | | |
| Is this contribution associated with Yes Yes | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| If yes, list Event # Cash Credit/Debit Card | 12/ | 30/2017 | \$375.00 | | \$375.00 | | | | |
| in yes, list event # | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| KUMAR | | NAMSAKHI | | | 0753 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| HASTING STREET BURNABY | | Vancouver | | WA | | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| STUDENT | | STUD | | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or | Amou | nt of Contribution | | | | |
| | , | dependent child of | of a fobbyist? | | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | 1 | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| X No Cash Personal Check | 12/ | 30/2017 | \$5.00 | | \$5.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | l í | - | 1 | I | • | | | | |

Page 129 of 189

| 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 | | | | | | | |
| Dita for CT January 10 Filing - Amendmen | | | | | | | |
| B. Itemized Contributions from | n Ind | lividuals | | | | | |
| Last Name | First | | | | MI | Contribution ID # | |
| GOLDSMITH | | STEPHANIE | | | | 0754 | |
| Residential Street Address | City | | | | State | Zip Code | |
| 16070 Woodvale Rd | <u> </u> | Encino | | | CA | 91436-3447 | |
| Principal Occupation RECRUITER | | Name of Employe HEIDF | er RICK & STRUGGLES | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a le | obbyist, spouse, or | П., | Amou | nt of Contribution | |
| | D | dependent child o | f a lobbyist? | Yes | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | | x No | | | |
| Is this contribution associated with Yes Yes | Date | Received | Aggregate Contributions | | | | |
| an event reported in Section 31? Cash Personal Check | | | | | | | |
| If yes, list Event # \tag{X} No \tag{No Money Order} \tag{X} \tag{Credit/Debit Card} | 12/ | 31/2017 | \$100.0 | 00 | | \$100.00 | |
| Last Name | First | | | | MI | Contribution ID # | |
| RAJ | | SHAAN | | | | 0755 | |
| Residential Street Address | City | | | | State | Zip Code | |
| 29461 Earth Ln | | Farmington | | | MI | 48331-3134 | |
| Principal Occupation | | Name of Employe | er | | | | |
| AUDITOR | | STAGI | E 2 INNOVATIONS | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No. | 0 | Is contributor a lo dependent child o | obbyist, spouse, or | Yes | Amou | nt of Contribution | |
| If yes, indicate which branch or branches of Executive Legislative | | dependent enna o | i a loobyist: | x _{No} | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | |
| an event reported in Section J1? | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 31/2017 | \$50.0 | 00 | | \$50.00 | |
| Last Name | First | | | | MI | Contribution ID # | |
| TEPLICA | | ZULLY | | | | 0756 | |
| Residential Street Address | City | | | | State | Zip Code | |
| 122 Maple Ave | | Stamford | | | СТ | 06902-4041 | |
| Principal Occupation | - | Name of Employe | er | , | - | | |
| BABYSITTING | | SELF | EMPLOY | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Is contributor a lo dependent child o | obbyist, spouse, or f a lobbyist? | Yes | Amou | nt of Contribution | |
| If yes, indicate which branch or branches of government the contract is with: | | | | x _{No} | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | |
| an event reported in Section 31? | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 31/2017 | \$200. | 00 | | \$200.00 | |
| Last Name | First | | | | MI | Contribution ID # | |
| HALDEMAN | | MARGARET | | | | 0757 | |
| Residential Street Address | City | | | | State | Zip Code | |
| 17 Banks Rd | | Simsbury | | | СТ | 06070-2301 | |
| Principal Occupation | | Name of Employe | er | | | | |
| SCIENTIST | | I- HEA | ALTH, INC. | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No | 0 | Is contributor a lo dependent child o | obbyist, spouse, or f a lobbyist? | Yes | Amou | nt of Contribution | |
| If yes, indicate which branch or branches of Executive Legislative | | - | - | x No | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | |
| an event reported in Section J1? | | | | | | | |
| If yes list Event # Cash Personal Check No | 12/ | 31/2017 | \$5.0 | 00 | | \$5.00 | |

Page 130 of 189

| I MONETA DV DECEMBER (C. P. A. D. | | | | | | | | | |
|--|-------|--------------------|---|--------|--------------------|--|--|--|--|
| I. MONETARY RECEIPT | S (S | ection A-I) | 1 | | | | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT | | | | | | | | | |
| Dita for CT January 10 Filing - Amendmen | | | | | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| RICHARDS | | JANICE | | | 0758 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 41 Frontier Rd | | Cos Cob | | CT | 06807-1208 | | | | |
| Principal Occupation | | Name of Employ | er | • | | | | | |
| ARTIST | | SELF | EMPLOYED | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | nt of Contribution | | | | |
| Yes X No |) | dependent child of | of a lobbyist? | | | | | | |
| If yes, indicate which branch or branches of government the contract is with: | | | x _{No} | | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | 1 | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| X No Cash Personal Check | 12/ | 31/2017 | \$250.00 | | \$100.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | | · | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| GOGATE | | RISHI | | | 0759 | | | | |
| Residential Street Address | City | NI3III | | State | Zip Code | | | | |
| | City | Riverside | | CT | 06878-1129 | | | | |
| 37 Long Meadow Ct Principal Occupation | | Name of Employ | on. | Ci | 00076-1129 | | | | |
| | | | | | | | | | |
| DENTIST | | | AVENUE DENTAL | 1 . | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No. |) | dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | nt of Contribution | | | | |
| If yes, indicate which branch or branches of | | | | | | | | | |
| government the contract is with: | | | | _ | | | | | |
| Is this contribution associated with A second reported in Section 112 Yes Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? Cash Personal Check | | | | | | | | | |
| If yes, list Event # Cash Credit/Debit Card | 12/ | 31/2017 | \$250.00 | | \$250.00 | | | | |
| | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| SAEED | | ASKER | | | 0760 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 52 Nuthatch Knob | | Glastonbury | | СТ | 06033-1360 | | | | |
| Principal Occupation | | Name of Employ | er | • | | | | | |
| DIRECTOR OF DIVERSITY & INCLUSION | | FRIED | FRANK | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or | Amou | nt of Contribution | | | | |
| | , | dependent child of | • | | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x No | | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | 1 | | | | | |
| an event reported in Section 31? | | | | | | | | | |
| X No Cash Personal Check | 12/ | 31/2017 | \$100.00 | | \$100.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| BHARGAVA | | KUMARIL | | | 0761 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 2150 Ferncroft Ln | | Chester Sprii | าตร | PA | 19425-3846 | | | | |
| Principal Occupation | | Name of Employ | _ | 1 17 | 13423 3040 | | | | |
| SCIENTIST | | | EMPLOYED | | | | | | |
| | | | obbyjet enouse or | Amou | nt of Contribution | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | dependent child of | Voc | 111100 | | | | | |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | | | | | |
| government the contract is with: Is this contribution associated with Method of contribution: | Dete | Received | Aggregate Contributions | - | | | | | |
| an event reported in Section J1? | Date | Received | Aggregate Contributions | | | | | | |
| X No Cash Personal Check | 13" | 21/2017 | #100.00 | | ¢100.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 12/. | 31/2017 | \$100.00 | 1 | \$100.00 | | | | |

Page 131 of 189

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | |
|--|---------------|--|---|-------------|------------------------|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | <u>s (s</u> i | ection A-1) | TYPE OF REPORT | | | | |
| Dita for CT January 10 Filing - Amendment | | | | | | | |
| | | | | | | | |
| B. Itemized Contributions from | n Ind | lividuals | | | <u> </u> | | |
| Last Name BHARGAVA | First | PUSHPA AND | VIKRAM | MI | Contribution ID # 0762 | | |
| Residential Street Address | City | | | State | Zip Code | | |
| 83 Constitution Way | | Somerset | | NJ | 08873-7411 | | |
| Principal Occupation | | Name of Employ | er | 1 | | | |
| RETIRED | | RETIR | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | Is contributor a l dependent child of | obbyist, spouse, or Yes | Amou | nt of Contribution | | |
| If yes, indicate which branch or branches of Executive Legislative | | dependent enna e | x _{No} | | | | |
| In this contribution associated with Mathod of contribution: | Date | Received | Aggregate Contributions | 1 | | | |
| an event reported in Section J1? | | | 36 3 | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 31/2017 | \$100.00 | | \$100.00 | | |
| | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | |
| DURYEA | | TINA | | | 0763 | | |
| Residential Street Address | City | | | State | Zip Code | | |
| 6 Deane Ct | | Norwalk | | СТ | 06853-1005 | | |
| Principal Occupation | | Name of Employ | er | | | | |
| ARTIST | | SELF | | _ | | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | | obbyist, spouse, or Galabhariae | Amou | int of Contribution | | |
| If yes, indicate which branch or branches of | | dependent child of | x No | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | 1 | | | |
| an event reported in Section J1? | | | 35 3 | | | | |
| If yes, list Event # Cash Personal Check Money Order Credit/Debit Card | 12/ | 31/2017 | \$125.00 | | \$50.00 | | |
| T. AV | г | | | 1 | la di Bu | | |
| Last Name INGALL | First | SUSAN | | MI | Contribution ID # 0764 | | |
| Residential Street Address | City | | | State | Zip Code | | |
| 18 Fern Valley Rd | | Weston | | СТ | 06883-1951 | | |
| Principal Occupation | | Name of Employ | er | - | | | |
| NONE | | NONE | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | nt of Contribution | | |
| If yes, indicate which branch or branches of Executive Legislative | | | x No | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | 1 | | | |
| an event reported in Section J1? | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order Cash Personal Check Credit/Debit Card Cash Credit/Debit Card Cash C | 12/ | 31/2017 | \$25.00 | | \$25.00 | | |
| T. AV | г | | | T.a | G (3 C B) | | |
| Last Name | First | CTEVEN. | | MI | Contribution ID # | | |
| AIBEL | G: | STEVEN | | G | 0765 | | |
| Residential Street Address | City | Ulumbinatan | | State | Zip Code | | |
| 6 Sheep Pasture Ln | | Huntington | | NY | 11743-5136 | | |
| Principal Occupation | | Name of Employ | | | | | |
| FINANCIAL ADVISOR Is contributor a principal of a state contractor or prospective state contractor? Yes X No. | | Is contributor a l | ILL LYNCH obbyist, spouse, or foliably sist? Yes | Amou | nt of Contribution | | |
| If yes, indicate which branch or branches of | , | dependent child of | i a lobbyist? | | | | |
| government the contract is with: Executive Legislative | | | x _{No} | | | | |
| Is this contribution associated with Yes Yes | Date | Received | Aggregate Contributions | | | | |
| an event reported in Section J1? | | | | | | | |
| If yes, list Event # Cash Credit/Debit Card | 12/ | 31/2017 | \$100.00 | | \$100.00 | | |

Page 132 of 189

| I MONETA DV DECEMBER (C. P. A. D. | | | | | | | | | |
|--|-------|--|---|--------|---------------------|--|--|--|--|
| I. MONETARY RECEIPT | S (S | ection A-I) | I | | | | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Dita for CT January 10 Filing - Amendmen | | | | | | | | | |
| Dita for CT | | | | | | | | | |
| B. Itemized Contributions from Individuals | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| NEELAM | | UDAYA | | | 0766 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 656 S Indian Hill Rd | | Orange | | СТ | 06477-2026 | | | | |
| Principal Occupation | | Name of Employ | | | | | | | |
| IT CONSULTANT | | | E GLOBAL SOLUTIONS | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | int of Contribution | | | | |
| If yes, indicate which branch or branches of | | dependent enna (| | | | | | | |
| government the contract is with: Executive Legislative | Б. | D : 1 | | | | | | | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: Yes | Date | Received | Aggregate Contributions | | | | | | |
| X No Cash Personal Check | 12/ | 31/2017 | ¢200.00 | | \$100.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 12/. | 31/2017 | \$200.00 | | \$100.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| FULTON | THSt | LYNN | | IVII | 0767 | | | | |
| Residential Street Address | City | LTININ | | State | Zip Code | | | | |
| 424 Bristol Cone Ln | City | Nanloc | | FL | 34113 | | | | |
| Principal Occupation | | Naples Name of Employ | or . | | 34113 | | | | |
| REAL ESTATE AGENT | | 1 7 | R WOOD | | | | | | |
| | | | obbyjet enouge or | Amou | int of Contribution | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | dependent child of | Voc | 711100 | ant of Commount | | | | |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | Duite | 10001100 | riggregate contributions | | | | | | |
| X No Cash Personal Check | 12/ | 31/2017 | \$50.00 | | \$50.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | 12/ | 31,201, | 430.00 | | 450.00 | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| CARBONELL | | NICOLE | | | 0768 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 18572 Wetherill Rd | | Monument | | со | 80132-2845 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| PHYSICIAN | | FRON | T RANGE EMERGENCY SPECI | ALIST | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | nt of Contribution | | | | |
| |) | dependent child of | • | | | | | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | | | | | |
| an event reported in Section J1? | | | | | | | | | |
| If yes, list Event # | 12/ | 31/2017 | \$25.00 | | \$25.00 | | | | |
| in yes, list event # | | | | | | | | | |
| Last Name | First | | | MI | Contribution ID # | | | | |
| SAHAY | | SHAILESH | | | 0769 | | | | |
| Residential Street Address | City | | | State | Zip Code | | | | |
| 716 Snowden Hallowell Way | | Alexandria | | VA | 22314-1972 | | | | |
| Principal Occupation | | Name of Employ | er | | | | | | |
| LAWYER | | POET | , LLC | _ | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? | Amou | nt of Contribution | | | | |
| If yes, indicate which branch or branches of Executive Legislative | | | X No | | | | | | |
| government the contract is with: Is this contribution associated with Method of contribution: | Dete | Received | Aggregate Contributions | - | | | | | |
| an event reported in Section J1? | Date | Received | Aggregate Contributions | | | | | | |
| X No Cash Personal Check | 12/ | 31/2017 | \$100.00 | | \$100.00 | | | | |
| If yes, list Event # Money Order X Credit/Debit Card | +4/. | 51/201/ | φ100.00 | | Ψ100.00 | | | | |

Page 133 of 189

| | ~ /~ | | | | |
|---|-------|--|---|-------|--------------------|
| L MONETARY RECEIPT | S (Se | ection A-I) | 1 | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | .4 | |
| Dita for CT | | | January 10 Filing - Amendmen | ıı | |
| B. Itemized Contributions from | n Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| HACIOGLU | | TRICIA | | | 0770 |
| Residential Street Address | City | | | State | Zip Code |
| 32065 Waterside Ln | | Westlake Villa | | CA | 91361-3623 |
| Principal Occupation | | Name of Employ | er | | |
| COMMUNITY VOLUNTEER | | SELF | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | nt of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | aepenaent enna e | x _{No} | | |
| government the contract is with: Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section J1? | | | | | |
| If yes. list Event # Cash Personal Check Money Order Cash Personal Check Credit/Debit Card | 12/3 | 31/2017 | \$50.00 | | \$50.00 |
| If yes, list Event # | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| THITTHAVONG | | EMALEE | | | 0771 |
| Residential Street Address | City | | | State | Zip Code |
| 59 Fairview Ave | | Fairfield | | CT | 06824-5214 |
| Principal Occupation | | Name of Employ | er | | |
| COMMUNICATIONS CONSULTANT | | | UTIVE VOICE | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | Is contributor a l dependent child of | obbyist, spouse, or Yes | Amou | nt of Contribution |
| If yes, indicate which branch or branches of | | dependent enna e | | | |
| government the contract is with: Executive Legislative | | | | | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| Cash Personal Check | 12/ | 21/2017 | ¢2F.00 | | ¢25.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 12/. | 31/2017 | \$25.00 | | \$25.00 |
| Last Name | First | | | MI | Contribution ID # |
| JOHNSON | | ELIZABETH | | | 0772 |
| Residential Street Address | City | | | State | Zip Code |
| 7 Deer Park Ct | | Greenwich | | СТ | 06830-3803 |
| Principal Occupation | | Name of Employ | er | | |
| PHOTOGRAPHER | | SELF | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | , | | obbyist, spouse, or Yes | Amou | nt of Contribution |
| If yes, indicate which branch or branches of | , | dependent child of | a lobbyist: | | |
| government the contract is with: Executive Legislative | | | x No | | |
| Is this contribution associated with Yes Yes | Date | Received | Aggregate Contributions | | |
| an event reported in Section 31? | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/3 | 31/2017 | \$25.00 | | \$25.00 |
| Last Name | First | | | MI | Contribution ID # |
| COOPER | THSC | LESLIE | | IVII | 0773 |
| Residential Street Address | City | LEGEIE | | State | Zip Code |
| 26 The Ridgeway | | Greenwich | | СТ | 06831-3712 |
| Principal Occupation | | Name of Employ | er | | |
| RETIRED | | RETIR | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | Is contributor a l | obbyist, spouse, or | Amou | nt of Contribution |
| If yes, indicate which branch or branches of | _ | dependent child of | of a foodyist? | | |
| government the contract is with: Executive Legislative | | | x _{No} | | |
| Is this contribution associated with Yes Yes | Date | Received | Aggregate Contributions | | |
| an event reported in Section J1? | | | | | |
| If yes, list Event # Cash Credit/Debit Card | 12/3 | 31/2017 | \$100.00 | | \$100.00 |

Page 134 of 189

| L. MONETARY RECEIPT | S (Sc | ection A-I) | TYPE OF REPOR | Г | |
|---|-------|---|---|--------------|------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Dita for CT | | | January 10 Filing - Amend | | |
| | | | | | |
| B. Itemized Contributions from | n Ind | lividuals | | | _ |
| Last Name RUSSELL | First | SALLY | | MI | Contribution ID # 0774 |
| Residential Street Address | City | | | State | Zip Code |
| 98 Stamford Ave | | Stamford | | СТ | 06902-8016 |
| Principal Occupation | | Name of Employ | er | • | |
| RETIRED | | RETIR | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes Yes |) | dependent child of | obbyist, spouse, or of a lobbyist? | Yes | ount of Contribution |
| If yes, indicate which branch or branches of government the contract is with: | | | x | No | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: | Date | Received | Aggregate Contributions | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/ | 31/2017 | \$125.00 | | \$75.00 |
| | | | | | _ |
| Last Name | First | | | MI | Contribution ID # |
| SRINIVASAN | | KAMLA | | | 0775 |
| Residential Street Address | City | | | State | Zip Code |
| 25 Colony Cir | | Glastonbury | | СТ | 06033-2605 |
| Principal Occupation BOOK SALES | | Name of Employ | er EMPLOYED | | |
| | | | obbyjet enouge or | Amo | ount of Contribution |
| is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | dependent child o | | Yes | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x | No | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section J1? Yes X No Cash Personal Check | 12/ | 31/2017 | \$200.00 | | \$100.00 |
| If yes, list Event # Money Order X Credit/Debit Card | | , | | | |
| Last Name | First | | | MI | Contribution ID # |
| HYACINTH | | TRICIA | | | 0776 |
| Residential Street Address | City | | | State | Zip Code |
| 4 Melon Patch Ln | | Monroe | | СТ | 06468-1120 |
| Principal Occupation | | Name of Employ | er | | |
| DIRECTOR | | FCCF | | _ | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes Yes No |) | Is contributor a le dependent child of | obbyist, spouse, or fa lobbyist? | Yes | ount of Contribution |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x | No | |
| Is this contribution associated with Yes Yes Yes | Date | Received | Aggregate Contributions | | |
| an event reported in Section J1? X No | 42.0 | 24 /2047 | +25.00 | | +25.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 12/. | 31/2017 | \$25.00 | | \$25.00 |
| Last Name | First | | | MI | Contribution ID # |
| MANFREDI | | LEONARD | | | 0777 |
| Residential Street Address | City | | | State | Zip Code |
| 7 Alrowood Dr | | Norwalk | | СТ | 06851-4306 |
| Principal Occupation | | Name of Employ | | | |
| OPERATIONS MANAGER Is contributor a principal of a state contractor or prospective state contractor? | | | PINTO SWIMMING POOL obbyist, spouse, or | | ount of Contribution |
| is contributor a principal of a state contractor or prospective state contractor? |) | dependent child o | | Yes | and of Contitoution |
| If yes, indicate which branch or branches of | | | x | No | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | | |
| an event reported in Section J1? | | | | | |
| If yes, list Event # Cash Personal Check No | 12/ | 31/2017 | \$50.00 | | \$50.00 |

Page 135 of 189

| I. MONETARY RECEIPT | S (Se | ection A-I) | 1 | | |
|---|-------|---|--|-------|---------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT January 10 Filing - Amendm | ent | |
| Dita for CT | | | January 10 1 lilling - American | ziit. | |
| B. Itemized Contributions from | n Ind | lividuals | | | |
| Last Name | First | | | MI | Contribution ID # |
| RENAUD | | DIANE | | | 0778 |
| Residential Street Address | City | | | State | Zip Code |
| 24 Old Easton Tpke | | Weston | | СТ | 06883-2427 |
| Principal Occupation | | Name of Employ | | | |
| NONE | | NONE | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | Is contributor a le dependent child of | obbyist, spouse, or Of a lobbyist? | Amou | unt of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | Ⅎ | |
| an event reported in Section J1? | | | 86 18 | | |
| If yes list Event # Cash Personal Check No | 12/ | 31/2017 | \$100.00 | | \$100.00 |
| If yes, list Event # | | | | | |
| Last Name | First | | | MI | Contribution ID # |
| CORDULACK | | CALVIN | | | 0779 |
| Residential Street Address | City | | | State | Zip Code |
| 28 Woolsey Rd | | Stamford | | СТ | 06902-8036 |
| Principal Occupation | | Name of Employ | | | |
| RETIRED | | RETIR | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Ye | Amou | unt of Contribution |
| If yes, indicate which branch or branches of Executive Legislative | | | x _{No} | | |
| government the contract is with: Is this contribution associated with Method of contribution: | Data | Received | Aggregate Contributions | 4 | |
| an event reported in Section J1? | Date | Received | Aggregate Contributions | | |
| X No Cash Personal Check | 12/ | 31/2017 | \$10.00 | | \$10.00 |
| If yes, list Event # Money Order X Credit/Debit Card | 12/ | 31,201, | \$10.00 | | 410.00 |
| Last Name | First | | | MI | Contribution ID # |
| SISLER | | DIANA | | | 0780 |
| Residential Street Address | City | | | State | Zip Code |
| 338 Bennett St | | Fairfield | | СТ | 06825-1373 |
| Principal Occupation | | Name of Employ | er | | |
| CONSULTANT | | | LC (SELF) | | |
| Is contributor a principal of a state contractor or prospective state contractor? |) | Is contributor a l dependent child of | obbyist, spouse, or of a lobbyist? Ye | Amou | int of Contribution |
| If was indicate which branch or branches of | | dependent enna e | n a 1000yist: | | |
| government the contract is with: Is this contribution associated with Method of contribution: | D-4- | Received | | 4 | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | | |
| X No Cash Personal Check | 12/ | 31/2017 | \$50.00 | | \$25.00 |
| If yes, list Event # Money Order X Credit/Debit Card | | -, | 700.00 | | |
| Last Name | First | | | MI | Contribution ID # |
| HULL | | CHRISTOPHE | R | | 0781 |
| Residential Street Address | City | | | State | Zip Code |
| 267 Sport Hill Rd | | Easton | | СТ | 06612-1825 |
| Principal Occupation | | Name of Employ | er | | |
| ARCHITECT | | CAH A | ARCHITECTURE AND DESIG | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No |) | Is contributor a l dependent child of | obbyist, spouse, or Ye | Amou | int of Contribution |
| If yes, indicate which branch or branches of | | dependent child (| x No | | |
| government the contract is with: | D-4 | Received | | 4 | |
| Is this contribution associated with an event reported in Section J1? Yes Method of contribution: | Date | Received | Aggregate Contributions | 1 | |
| X No Cash Personal Check | 12/ | 31/2017 | \$100.00 | 1 | \$100.00 |
| If yes_list_Event # Money Order X Credit/Debit Card | ı/ | - , | 4200.00 | 1 | , |

Page 136 of 189

| I. MONETARY RECEIPT | S (Se | ection A-I) | | | | | |
|--|-------|---|---|-------------|------------------------|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | TYPE OF REPORT | | | | |
| Dita for CT | | | January 10 Filing - Amendmer | nt | | | |
| B. Itemized Contributions from | n Ind | lividuals | | | | | |
| Last Name | First | | | MI | Contribution ID # | | |
| ECKERD | | MARCIA | | | 0782 | | |
| Residential Street Address | City | | | State | Zip Code | | |
| 340 Old Battery Rd | L | Bridgeport | | СТ | 06605-3619 | | |
| Principal Occupation | | Name of Employ | er | | | | |
| PSYCHOLOGIST | | SELF | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No | 0 | Is contributor a le dependent child of | obbyist, spouse, or of a lobbyist? Yes | Amou | nt of Contribution | | |
| If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | x _{No} | | | | |
| Is this contribution associated with Method of contribution: | Date | Received | Aggregate Contributions | 1 | | | |
| an event reported in Section J1? | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/3 | 31/2017 | \$25.00 | | \$25.00 | | |
| Last Name | First | | | MI | Contribution ID # | | |
| GIRARD | | JAN | | | 0783 | | |
| Residential Street Address | City | | | State | Zip Code | | |
| 11 L Hermitage Dr | | Shelton | | СТ | 06484-3829 | | |
| Principal Occupation | • | Name of Employ | er | | | | |
| RETIRED | | RETIR | RED | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | obbyist, spouse, or Yes | Amou | nt of Contribution | | |
| If yes, indicate which branch or branches of | 5 | dependent child of | of a lobbyist? | | | | |
| government the contract is with: Executive Legislative | | | x _{No} | | | | |
| Is this contribution associated with Yes Yes Yes | Date | Received | Aggregate Contributions | | | | |
| an event reported in section 71? | | | | | | | |
| If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card | 12/3 | 31/2017 | \$200.00 | | \$100.00 | | |
| Last Name | First | | | MI | Contribution ID # | | |
| BRITTON | | ERIN | | | 0784 | | |
| Residential Street Address | City | | | State | Zip Code | | |
| 1701 Potomac Ave | | Pittsburgh | Pittsburgh PA 15216-1930 | | | | |
| Principal Occupation | | Name of Employ | er | | | | |
| TECHNOLOGY SPECIALIST | | UBS F | INANCIAL SERVICES | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | o | Is contributor a le dependent child of | obbyist, spouse, or Yes | Amou | nt of Contribution | | |
| If yes, indicate which branch or branches of Executive Legislative | | dependent enna e | x No | | | | |
| government the contract is with: | D. | D : 1 | | | | | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: Yes | Date | Received | Aggregate Contributions | | | | |
| If yes, list Event # Cash Personal Check Money Order Credit/Debit Card | 12/3 | 31/2017 | \$375.00 | | \$375.00 | | |
| | · | | | L | | | |
| Last Name | First | TIM | | MI | Contribution ID # | | |
| SHEA Residential Street Address | City | TIM | | Stata | 0785 | | |
| 1701 Potomac Ave | City | Pittsburgh | | State PA | Zip Code 15216-1930 | | |
| Principal Occupation | | Name of Employ | er | 1 | 13210-1330 | | |
| SELF-EMPLOYED E-COMMERCE CONSULTANT | | | DIGITAL | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | 0 | Is contributor a le | obbyist, spouse, or | Amou | nt of Contribution | | |
| If yes, indicate which branch or branches of | | dependent child of | of a foodyist? | | | | |
| government the contract is with: | | | X No | | | | |
| Is this contribution associated with an event reported in Section J1? Method of contribution: | Date | Received | Aggregate Contributions | | | | |
| an event reported in Section 31? | | a. (a.a.: = | | | | | |
| If yes list Event # Cash Personal Check No Cash Personal Check Record Recor | 12/3 | 31/2017 | \$375.00 | | \$375.00 | | |

| Page 137 of 189 | Page | 137 | of | 189 |
|-----------------|------|-----|----|-----|
|-----------------|------|-----|----|-----|

| I. N | IONETARY REC | EIPTS (S | ection A-I) | | | | |
|---|-------------------------|-----------------|--|---|-----------------|------------|------------------------|
| NAME OF COMMITTEE (Provide Complete Name as R | | | | TYPE OF | | | |
| Dita for CT | | | | January 10 Filin | g - Amendmen | it | |
| B. It | emized Contribution | s from Inc | lividuals | | | | |
| Last Name | | First | | | | MI | Contribution ID # |
| SINGER SHENFELD | | | JANA | | | | 0786 |
| Residential Street Address | | City | | | | State | Zip Code |
| 17954 Rosita St | | | Encino | | | CA | 91316-4215 |
| Principal Occupation | | | Name of Employer | | | | |
| SELF | | | | ESS PERSON | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | Yes | x No | Is contributor a lob dependent child of | | Yes | Am | ount of Contribution |
| If yes, indicate which branch or branches of Executive | Legislative | | | | x _{No} | | |
| government the contract is with: | contribution: | Date | Received | Aggregate Contribut | | | |
| an event reported in Section J1? | Contribution. | Date | Received | Aggregate Contribut | lions | | |
| X No Cash | Personal Chec | ck 12/ | 31/2017 | \$ | 25.00 | | \$25.00 |
| If yes, list Event # Money | Order X Credit/Debit C | Card | 31,201, | * | 25.00 | | Ψ23.00 |
| Last Name | | First | | | | MI | Contribution ID # |
| ROUZEAU | | | LYDIA | | | | 0787 |
| Residential Street Address | | City | | | | State | Zip Code |
| 122 Cat Rock Rd | | | Cos Cob | | | СТ | 06807-1302 |
| Principal Occupation | | • | Name of Employer | | | | • |
| REALTOR | | | SELF | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? | Yes | x _{No} | Is contributor a lob | | Yes | Am | ount of Contribution |
| If yes, indicate which branch or branches of | | | dependent child of | a lobbyist? | | | |
| government the contract is with: | Legislative | | | | x No | | |
| Is this contribution associated with an event reported in Section J1? | contribution: | Date | Received | Aggregate Contribut | tions | | |
| Cash | Personal Chec | | | | | | |
| If yes, list Event # No Money | Order X Credit/Debit C | Card 12/ | 31/2017 | \$2 | 50.00 | | \$50.00 |
| | | • | • | | | | |
| | | | | | Total of S | Section B | \$71,863.21 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDU | JALS (Sectio | ons A + B) | (Total on Line 14 | 4, Column A of Su | mmary Page) | | \$71,863.21 |
| | (33313 | | , | , <u>, , , , , , , , , , , , , , , , , , </u> | , 0, | | |
| I. I | MONETARY REC | EIPTS (S | ection A-I) | | | | |
| VALUE OF GOLD DETERMINE OF THE COLUMN | | | | | TX/D | E OF PE | DODT |
| NAME OF COMMITTEE (Provide Complete Name as Re | egistered with Commissi | ion) | | | | E OF RE | |
| Dita for CT | | | | | January 10 F | iling - Am | endment |
| | | | | | | | |
| C1 Co | ntributions from Oth | er Comm | ittees | <u> </u> | | | |
| | | or comm | | | | | |
| Name of Committee | | | Name of Treasurer | r | | | |
| | | | | | | | |
| | | | <u> </u> | | | | |
| Address | | Is this cont | ribution associated wi | th an | Yes | No | Amount of Contribution |
| | | event repor | ted in Section J1? | | | | |
| | | | If yes, list Event # | | | | |
| City | State Zip Code | Date I | Received | Aggregate Contr | ibutions | | |
| | | | | | | | |
| | | | | | | | |
| | | | | , | Total of Sect | ion C1 | |
| | | | | | 0. 5000 | | |

Page 138 of 189

Total of Section D

| | | | | | | | | 1 age 130 01 107 | |
|--|-------------------------|--------------|-------------|----------|--|----------------|--------------------|---|--|
| | I. MONETA | ARY RECE | EIPTS (S | ection A | A-I) | | | | |
| NAME OF COMMITTEE | | | | | | T | YPE OF REPORT | | |
| Dita for CT | | | | | | January 10 | Filing - Amendment | | |
| C | 22. Reimbursements or S | Surplus Dist | tributions | from of | ther Committees | · | | | |
| Name of Committee | | | | | Name of Treasurer | | | | |
| Address | | | | | Date Received | | Amount of Receipt | | |
| City | | State | Zip Code | | Payment Type Reimbursement for Surplus distribution | - | | | |
| Expenditure # Description | | | | | | | | | |
| | | | | | | Tot | al of Section C2 | | |
| | | | | | | | | | |
| | I. MO | NETARY I | RECEIP | TS (Sec | tion A-I) | | | | |
| NAME OF COMMITTEE | | | | | | TYPE OF REPORT | | | |
| Dita for CT | | | | | | January 10 F | iling - Amendment | | |
| | D. Loa | ans Received | d this Peri | iod | | | | | |
| Name of Lender | | | | Source o | | Individua | l Other | Date of Receipt | |
| Street Address | | | City | | | State | Zip Code | Is there a cosigner or Guarantor of this loan? Yes No | |
| Name of Cosigner/Guarantor (if applicabl | e) | | - | | | - | | Amount Received | |
| Street Address | | | City | | | State | Zip Code | | |

| | I. Mo | ONETARY RECE | CIPTS (Section A-I) |) | | | | | |
|--|-------------------------|---------------------|--------------------------|---------------|-----------|--------------------------|----------|--|--|
| NAME OF COMMITTEE | | | | | | TYPE OF REP | ORT | | |
| Dita for CT | | | | | | January 10 Filing - Am | nendment | | |
| E. Personal | Funds of the Candidate | Received this Perio | od (Candidate Comm | nittees ON | LY) | | | | |
| | T | | | | | | | | |
| Date of Receipt | Method of Payment Cash | Personal C | Check Credi | it/Debit Card | | | Amount | | |
| Total of Section E | | | | | | | | | |
| | | | | | | | | | |
| I. Monetary Receipts (Section A-I) | | | | | | | | | |
| NAME OF COMMITTEE | | | | | | TYPE OF REPO | ORT | | |
| Dita for CT | | | | | | anuary 10 Filing - Amend | dment | | |
| G. Interest from Deposits in Authorized Accounts | | | | | | | | | |
| Name of Institution | | | | | Date Reco | eived | Amount | | |
| | | | | | | | | | |
| Street Address | | City | | State | | Zip Code | | | |
| | | | | | | | | | |
| | | | | | | Total of Section G | | | |
| | I MO | NETARV RECEI | IPTS (Section A-I) | | | | | | |
| | 1, 1/10 | THE ITALL RECEI | 11 15 (Section A-1) | | | | | | |
| NAME OF COMMITTEE | | | | | | TYPE OF REPORT | Γ | | |
| Dita for CT | | | | | Jai | nuary 10 Filing - Amend | ment | | |
| | H. Public Grant I | unds Received fron | n the Citizens' Election | on Fund | | | | | |
| Purpose of Grant: | | Grant Cycle: | | | | Date Received | Amount | | |
| Initial | Grant Adjustment | | | | | | | | |
| | /D (El (D %) | Primary | General Election | Special El | lection | | | | |
| Supplemental | Post Election Deficit | | | | | | | | |
| | | | | | | | | | |
| | | | | | | Total of Section H | | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | |
|---|-------|-------------------------|--------|--------------------|-----------------|--|--|--|--|
| NAME OF COMMITTEE | | | | TYPE OF REPORT | | | | | |
| Dita for CT | Janua | ry 10 Filing - Amendmen | | | | | | | |
| I. Miscellaneous Monetary Receipts not Considered Contributions | | | | | | | | | |
| Name | | | Date o | f Transaction | Amount Received | | | | |
| Street Address | City | State | | Zip Code | | | | | |
| Description | | | | | | | | | |
| | | | | Total of Section I | | | | | |

| | II. EVENT ACTIVITY | Y (Sections J | 1 - J4) | | | | | |
|--|------------------------------------|---------------|--|-------------------|----------------------|---------------|-------------------|-------------------|
| NAME OF COMMITTEE (Provide Cor | nplete Name as Registered with Cor | nmission) | | | TYPE (| OF REPO | RT | |
| Dita for CT | | | | | January 10 Filing | ı - Amendme | ent | |
| | J1. Event Infor | mation | | | | | | |
| Event # Date of Event | Description Luncheon Event | | | | | Was this a | fundraisin Yes | g event? |
| Location: Street Address 1300 S Main St | | | | City Middletow | 'n | | State CT | Zip Code 06457 |
| Was this event hosted at a personal residence? | | Yes X No | if yes, go to Section J4 with a House Party and host(s) for food, bever | d complete requ | ired information for | | | ed |
| Did this fundraiser include items donated by a busin donated by an individual of up to \$100? | ess entity of up to \$200 or items | Yes X No | If yes, to to Section J3 complete required info | | ions not Considered | Contributions | s and | |
| Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100? | of donated items with | Yes X No | (If yes, enter Total Rec | reipts here.) | | | | \$0.00 |
| Event # Date of Event | Description Dinner Event | | | | | Was this a | fundraisin Yes | g event? |
| Location: Street Address 1085 Howell Mill Rd | | | | City Atlanta | | | State GA | Zip Code 30318 |
| Was this event hosted at a personal residence? | | Yes X No | if yes, go to Section J4 with a House Party and host(s) for food, bever | d complete requ | ired information for | | | ed |
| Did this fundraiser include items donated by a busin donated by an individual of up to \$100? | ess entity of up to \$200 or items | Yes X 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 purchases from an individual of up to \$100? | of donated items with | Yes X No | (If yes, enter Total Rec | reipts here.) | | | | \$0.00 |
| Event # Date of Event | Description Luncheon Event | | | | | Was this a | fundraisin Yes | g event? |
| Location: Street Address 450 Park Ave S | | | | City New York | | | State NY | Zip Code 10016 |
| Was this event hosted at a personal residence? | | Yes X No | if yes, go to Section J4 with a House Party and host(s) for food, bever | d complete requ | ired information for | | | ed |
| Did this fundraiser include items donated by a busin donated by an individual of up to \$100? | ess entity of up to \$200 or items | Yes X No | If yes, to to Section J3 complete required info | | ions not Considered | Contributions | s and | |
| Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100? | of donated items with | Yes X No | (If yes, enter Total Rec | reipts here.) | | | | \$0.00 |

| | II. EVENT ACTIVITY | (Sections J | J1 - J4) | | | | | |
|--|-------------------------------------|--|--|---------------------|----------------------|------------|---------------------|-------------------|
| NAME OF COMMITTEE (Provide Cor | mplete Name as Registered with Com | nmission) | | | TYPE | OF REPO | RT | |
| Dita for CT | | | | | January 10 Filing | g - Amendm | ent | |
| | J1. Event Inform | nation | | | | | | |
| Event # Date of Event | Description Home Fundraiser | | | | | | fundraisin | g event? |
| Location: Street Address 19 Hidden Brook Rd | | | | City Riverside | | • | State CT | Zip Code 06878 |
| Was this event hosted at a personal residence? | | X Yes No | if yes, go to Section J4 with a House Party and host(s) for food, bever | d complete requ | ired information for | | | ed |
| Did this fundraiser include items donated by a busin donated by an individual of up to \$100? | Yes X No | If yes, to to Section J3 complete required info | | ions not Considered | Contribution | s and | | |
| Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100? | of donated items with | Yes X No | (If yes, enter Total Red | ceipts here.) | | | | \$0.00 |
| Event # Date of Event | Description Home Fundraiser | | | | | l— | fundraisin | g event? |
| Location: Street Address 24 Bayberry Ln | | | | City Milford | | | State CT | Zip Code 06460 |
| Was this event hosted at a personal residence? | | X Yes No | if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations. | | | | | |
| Did this fundraiser include items donated by a busin donated by an individual of up to \$100? | ness entity of up to \$200 or items | Yes 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 purchases from an individual of up to \$100? | of donated items with | Yes X No | (If yes, enter Total Red | ceipts here.) | | | | \$0.00 |
| Event # Date of Event | Description Luncheon Event | | | | | | ı fundraisin Yes | g event? |
| Location: Street Address 616 Post Rd E | | | | City Westport | | | State CT | Zip Code 06880 |
| Was this event hosted at a personal residence? | | Yes No | if yes, go to Section J4 with a House Party and host(s) for food, bever | d complete requ | ired information for | | | ed |
| Did this fundraiser include items donated by a busin donated by an individual of up to \$100? | ness entity of up to \$200 or items | Yes X 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 purchases from an individual of up to \$100? | of donated items with | Yes No | (If yes, enter Total Rec | ceipts here.) | | | | \$0.00 |

| | II. EVENT ACTIVITY | Y (Sections J | J1 - J4) | | | | | |
|--|------------------------------------|---------------|--|-------------------|----------------------|---------------|-------------------|-------------------|
| NAME OF COMMITTEE (Provide Cor | nplete Name as Registered with Cor | mmission) | | | TYPE | OF REPO | RT | |
| Dita for CT | | | | | January 10 Filing | - Amendme | ent | |
| | J1. Event Infor | mation | | | | | | |
| Event # Date of Event | Description Home Fundraiser | | | | | Was this a | fundraisin | g event? |
| Location: Street Address 60 Edgewater Commons Ln | ' | | | City Westport | | | State CT | Zip Code 06880 |
| Was this event hosted at a personal residence? | | X Yes No | if yes, go to Section J4 with a House Party and host(s) for food, bever | d complete requ | ired information for | | | ed |
| Did this fundraiser include items donated by a busin donated by an individual of up to \$100? | ess entity of up to \$200 or items | Yes X No | If yes, to to Section J3 complete required info | | ions not Considered | Contributions | s and | |
| Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100? | of donated items with | Yes X No | (If yes, enter Total Rec | ceipts here.) | | | | \$0.00 |
| Event # Date of Event | Description Luncheon Event | | | | | Was this a | fundraisin Yes | g event? |
| Location: Street Address 1300 S Main St | | | | City Middletow | n | | State CT | Zip Code 06457 |
| Was this event hosted at a personal residence? | | Yes X No | if yes, go to Section J4 with a House Party and host(s) for food, bever | d complete requ | ired information for | | | ed |
| Did this fundraiser include items donated by a busin donated by an individual of up to \$100? | ess entity of up to \$200 or items | Yes X 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 purchases from an individual of up to \$100? | of donated items with | Yes X No | (If yes, enter Total Rec | ceipts here.) | | | | \$0.00 |
| Event # Date of Event | Description Home Fundraiser | | | | | Was this a | fundraisin Yes | g event? |
| Location: Street Address 3 Briarwood Rd | | | | City Norwalk | | | State CT | Zip Code 06850 |
| Was this event hosted at a personal residence? | | X Yes No | if yes, go to Section J4 with a House Party and host(s) for food, bever | d complete requ | ired information for | | | ed |
| Did this fundraiser include items donated by a busin donated by an individual of up to \$100? | ess entity of up to \$200 or items | Yes X No | If yes, to to Section J3 complete required info | | ions not Considered | Contributions | s and | |
| Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100? | of donated items with | Yes No | (If yes, enter Total Rec | ceipts here.) | | | | \$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 | Description Home Fundraiser | | | | | | fundraisin Yes | g event? |
| Location: Street Address 48 Old Sawmill Rd | | | | City Trumbull | | • | State CT | Zip Code 06611 |
| Was this event hosted at a personal residence? | | | if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations. | | | | | |
| Did this fundraiser include items donated by a busin donated by an individual of up to \$100? | Yes X 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? | | | (If yes, enter Total Receipts here.) | | | | | \$0.00 |
| Event # Date of Event | Description Luncheon Event | | | | | l— | fundraisin | ng event? |
| Location: Street Address 249 Railroad Ave | | | City Greenwich | | | | State CT | Zip Code 06830 |
| Was this event hosted at a personal residence? | Yes X No | if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations. | | | | | | |
| Did this fundraiser include items donated by a busin donated by an individual of up to \$100? | Yes X 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? | | Yes X No | (If yes, enter Total Receipts here.) \$0.00 | | | | | |
| Event # Date of Event | Description Home Fundraiser | | | | | | fundraisin Yes | g event? |
| Location: Street Address 33 Alpine Rd | | | | City Greenwich | 1 | | State CT | Zip Code 06830 |
| Was this event hosted at a personal residence? | | X Yes No | if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases 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? | | Yes X 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? | | Yes No | (If yes, enter Total Receipts here.) \$0.00 | | | | | \$0.00 |

| | II. EVENT ACTIVITY | Y (Sections J | 1 - J4) | | | | | |
|--|-------------------------------------|---------------|--|-------------------|----------------------|--------------|---------------------|-------------------|
| NAME OF COMMITTEE (Provide Co | mplete Name as Registered with Con | nmission) | | | TYPE (| OF REPO | RT | |
| Dita for CT | | | | | January 10 Filing | - Amendm | ent | |
| | J1. Event Infor | mation | | | | | | |
| Event # Date of Event 12/07/2017 Letter B | Description Home Fundraiser | | | | | | a fundraisin | g event? |
| Location: Street Address 201 Marin Blvd # 1608 | | | | City Jersey City | у | | State NJ | Zip Code 07302 |
| Was this event hosted at a personal residence? | | X Yes No | if yes, go to Section J ² with a House Party an host(s) for food, bever | d complete requ | ired information for | | | ed |
| Did this fundraiser include items donated by a busi donated by an individual of up to \$100? | ness entity of up to \$200 or items | Yes X No | If yes, to to Section J3 complete required info | | ions not Considered | Contribution | ns and | |
| Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100? | of donated items with | Yes X No | (If yes, enter Total Red | ceipts here.) | | | | \$0.00 |
| Event # Date of Event | Description Home Fundraiser | | | | | | a fundraisin Yes | ng event? |
| Location: Street Address 112 S Park St | | | | City San Franci | isco | | State | Zip Code 94107 |
| Was this event hosted at a personal residence? | | X Yes No | if yes, go to Section J ² with a House Party an host(s) for food, bever | d complete requ | ired information for | | | ed |
| Did this fundraiser include items donated by a busi donated by an individual of up to \$100? | ness entity of up to \$200 or items | Yes X No | If yes, to to Section J3 complete required info | | ions not Considered | Contribution | ns and | |
| Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100? | of donated items with | Yes X No | (If yes, enter Total Red | ceipts here.) | | | | \$0.00 |
| Event # Date of Event | Description Other Event | | | | | l— | a fundraisin | g event? |
| Location: Street Address 156 W 56th St | | | | City New York | | | State NY | Zip Code 10019 |
| Was this event hosted at a personal residence? | | Yes No | if yes, go to Section J ² with a House Party an host(s) for food, bever | d complete requ | ired information for | | | ed |
| Did this fundraiser include items donated by a busidonated by an individual of up to \$100? | ness entity of up to \$200 or items | Yes No | If yes, to to Section J3 complete required info | | ions not Considered | Contribution | ns and | |
| Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100? | of donated items with | Yes No | (If yes, enter Total Red | ceipts here.) | | | | \$0.00 |

| | II. EVENT ACTIVITY | (Secti | ions J | 1 - J4) | | | | | |
|--|------------------------------------|---------|-----------|---|-------------------|-----------------------|----------|---------------|-------------------|
| NAME OF COMMITTEE (Provide Con | nplete Name as Registered with Com | mission | 1) | | | ТҮРЕ (| OF RE | PORT | |
| Dita for CT | | | | | | January 10 Filing | - Amen | dment | |
| | J1. Event Inform | nation | | | | | | | |
| Event # Date of Event | Description Home Fundraiser | | | | | | Was th | nis a fundrai | sing event? |
| Location: Street Address 25 Wallacks Dr | | | | | City Stamford | | | State CT | Zip Code 06902 |
| Was this event hosted at a personal residence? | | X | Yes No | if yes, go to Section J4 I with a House Party and o host(s) for food, beverag | complete requ | aired information for | | | |
| | | | | If yes, to to Section J3 In complete required inform | | ions not Considered (| Contribu | tions and | |
| Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100? | of donated items with | X | Yes No | (If yes, enter Total Received | ipts here.) | | | | \$0.00 |
| Event # Date of Event | Description Luncheon Event | | | | | | Was th | nis a fundrai | sing event? |
| Location: Street Address 877 Park Ave | | | | | City Bridgepor | t | | State CT | Zip Code 06604 |
| Was this event hosted at a personal residence? | | X | Yes No | if yes, go to Section J4 I with a House Party and o host(s) for food, beverag | complete requ | aired information for | | | |
| Did this fundraiser include items donated by a busin donated by an individual of up to \$100? | ess entity of up to \$200 or items | X | Yes No | If yes, to to Section J3 In complete required inform | | ions not Considered (| Contribu | tions and | |
| Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100? | of donated items with | X | Yes No | (If yes, enter Total Recei | ipts here.) | | | | \$0.00 |
| | | | | | To | tal of Section J1 | | | \$0.00 |

\$359.95

Total of Section J4

| | II.EV | ENT ACTIVIT | Y (Sections | J1 - J | 4) | | | | |
|---|-----------------------------|-------------------|---------------|--------|----------------|----------------|-------------------------------------|----------------------|-----------------------------|
| NAME OF COMMITTEE (Provide | Complete Name as Reg | istered with Comm | ission) | | | | TYPE OF REP | ORT | |
| Dita for CT | | | | | | Jan | uary 10 Filing - Amend | ment | |
| | J3. In-Kind Donat | ions Not Conside | ered Contribu | ıtions | | | | | |
| | | | | | | | | | |
| Name of the Donor | | | | | | | | | |
| Street Address | | | | City | | | | State | Zip Code |
| Donation Given by: | Description of Donation | | | | | | | Fair | Market Value of |
| Individual | | | | | | | | | Donation |
| Business Entity | Date Received | Event # | | | Agg | regate value f | or this event | | |
| Sole Proprietorship | | | | | | | | | |
| | | | | | | | Total of Section J3 | | |
| II.EVENT ACTIVITY (Sections J1 - J4) | | | | | | | | | |
| NAME OF COMMITTEE (Provide | Complete Name as Reg | istered with Comm | ission) | | | | TYPE OF RE | PORT | |
| Dita for CT | | | | | | | January 10 Filing - A | mendmen | i |
| J4. In-Ki | ind Donations Not Co | onsidered Contri | butions Asso | ciated | with a Ho | ouse Part | y | | |
| Name of Host | | | | | | Is this event | supporting more than one | e candidate? | |
| Lora Robertson | | | | | | Yes | No. | complete I dum J4 | emization in |
| Street Address | | | | City | • | | | State | Zip Code |
| 19 Hidden Brook Rd | | | | River | rside | | | СТ | 06878-2303 |
| Description of Donation FOOD/BEVERAGES HOUSE FUND | RAISER | | | | | | | Fair I | Market Value of Donation |
| Event # 11082017A | Aggregate value of this Eve | ent - all hosts | \$359.95 | A | aggregate valu | e of all Event | s - this host/candidate \$359.95 | | \$359.95 |
| | · | | | | | | | | |

| III. NONMONETARY RECEIPTS (Sections K - L) | | | | | | | | | |
|---|-----------------------|---------------|--|-------|-------------------|--------------------------|-------------|-------------------------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered | with C | Commissi | ion) | | TYI | PE OF RE | PORT | | |
| Dita for CT | | | | | January 10 Filir | ıg - Amendr | nent | | |
| K. In-Kin | ıd Coı | ntributi | ons | | | | | | |
| Name | | | | | | | | | |
| Street Address | | | | City | | | State | Zip Code | |
| Is this contribution associated with an event reported in Section J1? No If yes, list Event# | I | Description | of In-Kind Contribution | | | | • | | |
| Is Contributor a lobbyist, spouse, or dependent child Yes Is co of a lobbyist? Onto | ractor? If yes, ir | ndicate which | of a state contractor or prosp th branch or branches of tract is with: | | eutive 1 | Yes No Legislative | | arket Value of this Contribution | |
| Type of Contributor: | | | Date Received | | Aggregate contrib | outions | | | |
| Individual Committee Sole Pr | roprietor | ship | | | | | | | |
| | | | | | Total of S | Section K | | | |
| III. Non Mor | netar | y Recei | pts (Sections K - | L) | | | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered | with (| Commiss | ion) | | TYPI | E OF REP | ORT | | |
| Dita for CT | | | | | January 10 Fili | ng - Amend | ment | | |
| L. Refundable Deposit | to Tel | ephone | Company | | | | | | |
| Last Name of Individual | | First Nan | ne | | MI | Date De | eposit Made | | |
| Residential Street Address | Ci | ty | | State | Zip Code | | | mount of Deposit | |
| Name of Telephone company | - | | | | | | | | |
| Street Address | City | | | State | Zip Code | | | | |
| | | | | | Total of S | ection L | | | |

| | IV. EXPENDITURES | (Sections N - S) | | | | |
|---------------------------------------|---|---------------------------------|--------------------------|-------------------|--------------|------------------------|
| NAME OF COMMITTE | E (Provide Complete Name as Registered with Commission | n) | | ТҮРЕ О | F REPORT | |
| Dita for CT | | | | January 10 Filino | g - Amendmer | nt |
| | N. Expenses Paid By Cor | mmittee | | | | |
| Name of Payee NGP VAN, INC. | | | Date of Payr 10/01/20 | | ı = | neck# ebit Card |
| Street Address PO Box 392264 | | City Pittsburgh | | | State PA | Zip Code 15251-9264 |
| Purpose of Expend OVHD | Description ONLINE SUBSCRIPTION FUNDRAISING DATABASE | | | | | Amount |
| which reimbursement is sough | | Expenditure # if applicable) | Event # | ŧ | | \$950.00 |
| Name of Payee MALABAR | | | Date of Payr 10/02/20 | | | neck# ebit Card |
| Street Address 3456 Lauderdale Dr | | City Richmond | | | State VA | Zip Code 23233 |
| Purpose of Expend FOOD | Description FOOD CATERING FOR VA FUNDRAISER | | | | | Amount |
| which reimbursement is sough | | Expenditure # if applicable) | Event # | | | \$908.40 |
| Name of Payee GOOGLE, INC. | | | Date of Pays 10/02/20 | | ı = | neck# ebit Card |
| Street Address 1600 Amphitheatre Pkwy | <u>/</u> | City Mountain View | ı | | State CA | Zip Code 94043 |
| Purpose of Expend BNK | Description GOOGLE *SVCSAPPS d cc@google.co CA INV#3380 | 0362545 | | | | Amount |
| which reimbursement is soug | — I . | Expenditure # if applicable) | Event # | ŧ | | \$23.33 |

| IV. EXPENDITURES (Sections N - S) | | | | | | | | |
|--|---|--------------------------|--------------------------|------------------|--------------|------------------------------------|--|--|
| NAME OF COMMITTE | E (Provide Complete Name as Registered with Commission) | | | ТҮРЕ О | F REPORT | | | |
| Dita for CT | | | | January 10 Filin | g - Amendmei | nt | | |
| | N. Expenses Paid By Com | nittee | | | | | | |
| Name of Payee SAGE PAYMENT SOLUTION | DNS | | Date of Pays 10/02/20 | | D | yment heck # ebit Card FT | | |
| Street Address 12120 Sunset Hills Rd St | te 500 | City Reston | | | State VA | Zip Code 20190 | | |
| Purpose of Expend BNK | Description MERCHANT CARD PROCESSING FEES | | | | | Amount | | |
| Is this expenditure coordinate which reimbursement is soughtful to the sou | | enditure # pplicable) | Event # | ŧ | | \$1,000.22 | | |
| Name of Payee ANEDOT INC | | | Date of Pays | | D D | yment heck # ebit Card FT | | |
| 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 coordinate which reimbursement is sous If yes, assign an Expenditure | | enditure# pplicable) | Event # | ŧ | | \$404.95 | | |
| Name of Payee ANEDOT INC | | | Date of Pays 10/03/20 | | | yment heck # ebit Card FT | | |
| 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 coordinate which reimbursement is soughtfyes, assign an Expenditure | — 1 45 | enditure # pplicable) | Event # | ŧ | | \$101.25 | | |

| IV. EXPENDITURES (Sections N - S) | | | | | | | | |
|--|---|----------------------------|--------------------------|-------------------|--------------|--------------------------------|--|--|
| NAME OF COMMITTE | E (Provide Complete Name as Registered with Commission) | | | ТҮРЕ О | F REPORT | | | |
| Dita for CT | | | | January 10 Filinç | g - Amendmer | nt | | |
| | N. Expenses Paid By Com | mittee | | | | | | |
| Name of Payee DITA BHARGAVA | | | Date of Payr 10/04/20 | | 1 — | neck # <u>105</u> ebit Card | | |
| Street Address 502 Cognewaugh Rd . | | City Cos Cob | | | State CT | Zip Code 06807 | | |
| Purpose of Expend RMB | Description REIMB - VIDEO PROD DEPOSIT | | | | | Amount | | |
| Is this expenditure coordinate which reimbursement is soughtful to the sou | \$5,000.00 | | | | | | | |
| Name of Payee JULIANA HESS | | | Date of Payr 10/06/20 | | 1 — | neck# <u>106</u> ebit Card | | |
| 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 | | |
| Is this expenditure coordinate which reimbursement is soughtful to the sou | — I | penditure # applicable) | Event # | | | \$304.37 | | |
| Name of Payee BARCELONA WINE BAR | | | Date of Payr 10/09/20 | | I = | neck # ebit Card | | |
| Street Address 1085 Howell Mill Rd | | City Atlanta | | | State GA | Zip Code 30318 | | |
| Purpose of Expend FOOD | Description FOOD ATLANTA FUNDRAISER | | | | | Amount | | |
| Is this expenditure coordinate which reimbursement is soughtfyes, assign an Expenditure | □ 1 | penditure # applicable) | Event # | | | \$1,155.78 | | |

| IV. EXPENDITURES (Sections N - S) | | | | | | | | | |
|--|---|----------------------|--------------------------|------------------|--------------|-------------------|--|--|--|
| NAME OF COMMITTE | E (Provide Complete Name as Registered with Commission) | | | ТҮРЕ О | OF REPORT | | | | |
| Dita for CT | | | | January 10 Filin | g - Amendmer | nt | | | |
| | N. Expenses Paid By Commi | ittee | | | | | | | |
| Name of Payee STAPLES | | | Date of Payn 10/16/20 | | 1 = | neck # | | | |
| Street Address 1201 Kings Hwy | _ | City Fairfield | | | State CT | Zip Code 06824 | | | |
| Purpose of Expend OFFICE | Description PRINTER (B&W) TONER CARTRIDGE | | | | | I Amount | | | |
| Is this expenditure coordinate which reimbursement is soughtful to the sou | \$84.01 | | | | | | | | |
| Name of Payee STAPLES | | | Date of Payn | | 1 🚍 | neck # | | | |
| Street Address 1201 Kings Hwy | | City Fairfield | | | State CT | Zip Code 06824 | | | |
| Purpose of Expend OFFICE | Description PRINTER INK CARTRIDGES | | | | | Amount | | | |
| which reimbursement is sough | | diture # licable) | Event # | | | \$71.66 | | | |
| Name of Payee HAVELI INDIA | | | Date of Payn 10/31/20 | | ı = | neck # | | | |
| 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 | | | |
| which reimbursement is soug | | diture # licable) | Event # | | | \$422.60 | | | |

| | IV. EXPENDITURES | S (Sections N - S) | | | | |
|---|--|-------------------------------|--------------------------|-------------------|--------------|------------------------------------|
| NAME OF COMMITTE | E (Provide Complete Name as Registered with Commission | on) | | ТҮРЕ О | F REPORT | |
| Dita for CT | | | | January 10 Filino | g - Amendmer | nt |
| | N. Expenses Paid By Co | ommittee | | | | |
| Name of Payee NGP VAN, INC. | | | Date of Payr 11/01/20 | | X Do | vment heck # ebit Card FT |
| Street Address PO Box 392264 | | City Pittsburgh | | | State PA | Zip Code 15251-9264 |
| Purpose of Expend OVHD | Description ONLINE SUBSCRIPTION FUNDRAISING DATABASE | | | | | Amount |
| which reimbursement is sough | ed with another candidate for thi? # and complete Itemization in Addendum | Expenditure # (if applicable) | Event # | ŧ | | \$950.00 |
| Name of Payee Google, Inc. | | | Date of Payr 11/01/20 | | X Do | vment heck # ebit Card FT |
| Street Address 1600 Amphitheatre Pkwy | <u>/</u> | City Mountain Viev | v | | State CA | Zip Code 94043 |
| Purpose of Expend BNK | Description GOOGLE *SVCSAPPS d cc@google.co CA INV#33 | 85143908 | | | | Amount |
| which reimbursement is sough | ed with another candidate for thi? # and complete Itemization in Addendum | Expenditure # (if applicable) | Event # | ŧ | | \$86.76 |
| Name of Payee P.S. 450 RESTAURANT | | | Date of Pays | | X Do | yment heck # ebit Card FT |
| 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 coordinate which reimbursement is soughtfyes, assign an Expenditure | | Expenditure # (if applicable) | Event # | | | \$429.11 |

| | IV. EXPENDITURES (| Sections N - S) | | | | |
|--|--|--------------------------|--------------------------|------------------|-------------|---|
| NAME OF COMMITTE | E (Provide Complete Name as Registered with Commission) | | | ТҮРЕ С | F REPORT | |
| Dita for CT | | | | January 10 Filin | g - Amendme | nt |
| | N. Expenses Paid By Com | mittee | | | | |
| Name of Payee MARC BRADLEY | | | Date of Pays 11/01/20 | | | yment heck# <u>107</u> ebit Card |
| 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 (I | N ARREARS) | | | | Amount |
| which reimbursement is sough | | enditure # pplicable) | Event # | ŧ | | \$4,000.00 |
| Name of Payee MARC BRADLEY | | | Date of Pays | | | yment heck# <u>108</u> ebit Card FT |
| 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 coordinate which reimbursement is sour If yes, assign an Expenditure | | penditure # | Event # | ŧ | | \$4,000.00 |
| Name of Payee DIANA C. SISLER | | | Date of Pays | | | yment heck # <u>109</u> ebit Card FT |
| Street Address 338 Bennett St . | | City Fairfield | | | State CT | Zip Code 06825 |
| Purpose of Expend RMB | Description MILEAGE REIMB | | | | | Amount |
| which reimbursement is soug | | penditure # | Event # | ŧ | | \$113.42 |

| | IV. EXPENDITURES | (Sections N - S) | | | | |
|---|---|---------------------------------|--------------------------|------------------|--------------|---|
| NAME OF COMMITTE | E (Provide Complete Name as Registered with Commission | n) | | ТҮРЕ О | F REPORT | |
| Dita for CT | | | | January 10 Filin | g - Amendmer | nt |
| | N. Expenses Paid By Con | mmittee | | | | |
| Name of Payee SAGE PAYMENT SOLUTION | DNS | | Date of Pays 11/02/20 | | | vment neck # ebit Card TT |
| Street Address 12120 Sunset Hills Rd St | re 500 | City Reston | | | State VA | Zip Code 20190 |
| Purpose of Expend BNK | Description MERCHANT CARD PROCESSING FEES | · | | | | Amount |
| which reimbursement is sous | | Expenditure # if applicable) | Event # | ŧ | | \$935.81 |
| Name of Payee EDWARD COREY | | | Date of Pays 11/03/20 | | | rment neck # 110 ebit Card |
| Street Address 52 Sharon Ave | | City Torrington | | | State CT | Zip Code 06790 |
| Purpose of Expend CNSLT | Description POLITICAL COORDINATOR OCT. 2017 CAMPAIGN SERVIO | CES FEE | | | | Amount |
| which reimbursement is sough | | Expenditure # if applicable) | Event # | ŧ | | \$2,700.00 |
| Name of Payee JULIANA HESS | | | Date of Pays 11/08/20 | | | rment neck # <u>111</u> ebit Card |
| 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 |
| which reimbursement is sough | — I . | Expenditure # if applicable) | Event # | ŧ | | \$2,500.00 |

| | IV. EXPENDITURES (| Sections N - S) | | | | |
|--------------------------------------|--|--------------------------|--------------|------------------|--------------|--|
| NAME OF COMMITTE | E (Provide Complete Name as Registered with Commission) | | | ТҮРЕ О | F REPORT | |
| Dita for CT | | | | January 10 Filin | g - Amendmei | nt |
| | N. Expenses Paid By Com | mittee | | | | |
| Name of Payee JULIANA HESS | | | Date of Pays | | | yment heck# <u>112</u> ebit Card |
| Street Address 60 Edgewater Commons | Ln | City Westport | | | State CT | Zip Code 06880 |
| Purpose of Expend CNSLT | Description CAMPAIGN ADVISORY OCT. 2017 CAMPAIGN SERVICES FE | E | | | | Amount |
| which reimbursement is sous | | enditure # pplicable) | Event # | ŧ | | \$2,500.00 |
| Name of Payee MARC BRADLEY | | • | Date of Pays | | | yment heck# <u>113</u> ebit Card FT |
| 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 |
| which reimbursement is sough | | enditure # pplicable) | Event # | | | \$68.00 |
| Name of Payee USPS | | | Date of Pays | | X D | yment heck # ebit Card FT |
| Street Address 357 Commerce Dr | <u>. </u> | City Fairfield | | | State CT | Zip Code 06825-9998 |
| Purpose of Expend POST | Description POSTAGE STAMPS` | | | | | Amount |
| which reimbursement is sough | — 1 | penditure # | Event # | ŧ | | \$4.90 |

| IV. EXPENDITURES (Sections N - S) | | | | | | |
|--|--|----------------------|--------------|------------------|---|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF | | | | | OF REPORT | |
| Dita for CT | | | | January 10 Filin | g - Amendmer | nt |
| | N. Expenses Paid By Commi | ittee | | | | |
| Name of Payee ROBERT SCHEUER | | | Date of Payr | | 1 — | neck # 114 ebit Card |
| 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? If yes, assign an Expenditure # and complete Itemization in Addendum Yes Expenditure # (if applicable) Event # | | | | | \$125.00 | |
| Name of Payee TWO SEVENTY (270) STRATEGIES Date of Payment 11/17/2017 | | | | | Method of Payment X Check # WB1866731 Debit Card 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 coordinate which reimbursement is soughtful to the soughtful the soughtful to the soughtful the soughtful to the soughtful | — I | diture # licable) | Event # | ! | | \$3,000.00 |
| Name of Payee RED HORSE STRATEGIES | 5 | | Date of Payr | | 1 — | neck# <u>115</u> ebit Card |
| Street Address 55 Washington St Ste 70 | 2 | City Brooklyn | | | State NY | Zip Code 11201 |
| Purpose of Expend CNSLT | Description INV 3199 SEPT CONSULTING | | | | | Amount |
| Is this expenditure coordinate which reimbursement is soughtfyes, assign an Expenditure | | diture # licable) | Event # | : | | \$2,250.00 |

| IV. EXPENDITURES (Sections N - S) | | | | | | | |
|---|---|----------------------|--------------|------------------|---|-------------------------------|--|
| NAME OF COMMITTE | E (Provide Complete Name as Registered with Commission) | | | ТҮРЕ О | OF REPORT | | |
| Dita for CT | | | | January 10 Filin | g - Amendmer | nt | |
| | N. Expenses Paid By Commi | ttee | | | | | |
| Name of Payee RED HORSE STRATEGIES | 5 | | Date of Payn | | 1 = | neck# <u>115</u> ebit Card | |
| Street Address 55 Washington St Ste 70 | 12 | 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? If yes, assign an Expenditure # and complete Itemization in Addendum Yes Expenditure # (if applicable) Event # | | | | | | \$3,664.28 | |
| Name of Payee Date of Payment RED HORSE STRATEGIES 11/17/2017 | | | | | Method of Payment X Check # 116 Debit Card EFT | | |
| Street Address 55 Washington St Ste 70 | 12 | City Brooklyn | | | State NY | Zip Code 11201 | |
| Purpose of Expend CNSLT | Description INV #3219 OCT CONSULTING | | | | | Amount | |
| Is this expenditure coordinate which reimbursement is soug If yes, assign an Expenditure | — I | liture # licable) | Event# | | | \$1,500.00 | |
| Name of Payee RED HORSE STRATEGIES | 5 | | Date of Payn | | 1 🖂 | neck# <u>116</u> ebit Card | |
| Street Address 55 Washington St Ste 70 | 2 | City Brooklyn | | | State NY | Zip Code 11201 | |
| Purpose of Expend A-WEB | Description INV #3219 DIGITAL ADV | | | | | Amount | |
| Is this expenditure coordinate which reimbursement is soug If yes, assign an Expenditure | | liture # licable) | Event # | | | \$1,785.72 | |

| IV. EXPENDITURES (Sections N - S) | | | | | | | |
|--|---|----------------------------|--------------------------|------------------|---|-------------------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF | | | | | OF REPORT | | |
| Dita for CT | | | | January 10 Filin | g - Amendmer | nt | |
| | N. Expenses Paid By Com | mittee | | | | | |
| Name of Payee EDWARD COREY | | | Date of Payr | | 1 = | neck# <u>117</u> ebit Card | |
| Street Address 52 Sharon Ave | | City Torrington | | | State CT | Zip Code 06790 | |
| Purpose of Expend RMB | 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 Event # Event # (if applicable) | | | | | | \$29.74 | |
| Name of Payee Date of Payment MARC BRADLEY 11/20/2017 | | | | | Method of Payment X Check # 119 Debit Card EFT | | |
| Street Address 55 Roton Ave . | | City Norwalk | | | State CT | Zip Code 06853 | |
| Purpose of Expend RMB | Description REIMB STAPLES - OFFICE SUPPLIES | | | | | Amount | |
| which reimbursement is sough | — I | penditure # applicable) | Event # | : | \$69.09 | | |
| Name of Payee STAPLES | | | Date of Payr 11/21/20 | | 1 = | neck # ebit Card | |
| Street Address 1201 Kings Hwy | | City Fairfield | | | State CT | Zip Code 06824 | |
| Purpose of Expend OFFICE | Description #10 BUSINESS ENVELOPETS | | | | | Amount | |
| which reimbursement is sough | □ 1 | penditure # applicable) | Event # | i | | \$11.16 | |

| IV. EXPENDITURES (Sections N - S) | | | | | | |
|---|---|-----------------------|--------------|---|-------------------|-------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF | | | | | OF REPORT | |
| Dita for CT | | | | January 10 Filinç | g - Amendmer | nt |
| | N. Expenses Paid By Comm | ittee | | | | |
| Name of Payee MAURA TRACY | | | Date of Payr | | 1 = | neck # 120 ebit Card |
| 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 Event # (if applicable) | | | | | \$3,000.00 | |
| Name of Payee INTUIT QB ONLINE Date of Payment 11/28/2017 | | | | Method of Payment Check # Debit Card EFT | | |
| Street Address City 2700 Coast Ave Mountain View | | | | State CA | Zip Code 94043 | |
| Purpose of Expend OVHD | Description ONLINE ACCOUNTING SERVICE SUBSCRIPTION | | | | | Amount |
| which reimbursement is sough | — I …i | diture # licable) | Event # | ! | | \$7.07 |
| Name of Payee USPS | | | Date of Payr | | ı = | neck # ebit Card |
| 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 |
| which reimbursement is soug | | diture # plicable) | Event # | : | | \$6.65 |

| IV. EXPENDITURES (Sections N - S) | | | | | | |
|--|--|----------------------------------|--------------------------|---|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE O | | | | | OF REPORT | |
| Dita for CT | | | | January 10 Filin | ng - Amendment | |
| | N. Expenses Paid By Co. | mmittee | | | | |
| Name of Payee STAPLES | | | Date of Payr 11/29/20 | | X D | rment neck # ebit Card |
| Street Address 1201 Kings Hwy | | City Fairfield | | | State CT | Zip Code 06824 |
| Purpose of Expend OFFICE | Description MAILING LABELS (PRINTER) & REAM OF PAPER | | | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Event # Event # (if applicable) | | | | | \$32.73 | |
| Name of Payee Date of Payment MARC BRADLEY 11/29/2017 | | | | Method of Payment X Check # 121 Debit Card EFT | | |
| Street Address 55 Roton Ave . | | City Norwalk | | | State CT | Zip Code 06853 |
| Purpose of Expend RMB | Description REIMB FEDEX OFFICE - STAPLES - USPS - DUNKIN DON | UTS | | | | Amount |
| which reimbursement is sough | | Expenditure # (if applicable) | Event # | ŧ | | \$367.18 |
| Name of Payee Google, Inc. | | | Date of Pays 11/30/20 | | Method of Payment Check # X Debit Card EFT | |
| Street Address 1600 Amphitheatre Pkwy | <u>(</u> | City Mountain Viev | v | | State CA | Zip Code 94043 |
| Purpose of Expend BNK | Description GOOGLE *SVCSAPPS d cc@google.co CA INV#339 | 6777207 | | | | Amount |
| which reimbursement is sough | I | Expenditure # (if applicable) | Event # | ± | | \$95.95 |

| IV. EXPENDITURES (Sections N - S) | | | | | | |
|---|--|----------------------------|--------------------------|---|----------------|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE O | | | | | E OF REPORT | |
| Dita for CT | | | | January 10 Filin | ng - Amendment | |
| | N. Expenses Paid By Com | mittee | | | | |
| Name of Payee LEILA DESIMONE | | | Date of Pays | | | rment neck # <u>122</u> ebit Card |
| Street Address 6 Kenilworth Ter | | City Greenwich | | | State CT | Zip Code 06830-4714 |
| Purpose of Expend REF | Description REFUND AGE-RELATED #VSGDY9XE7Z6 | | | | | Amount |
| which reimbursement is sough | | penditure # pplicable) | Event # | # | | \$5.00 |
| Name of Payee Date of Payment MICHELLE MECHANIC 11/30/2017 | | | | Method of Payment X Check # 123 Debit Card 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 |
| which reimbursement is sough | | penditure # applicable) | Event # | ¥ | | \$50.00 |
| Name of Payee KAREN MEHRA | | | Date of Pays 11/30/20 | | | rment neck # <u>124</u> ebit Card |
| Street Address 44 Mayfair Ln | | City Greenwich | | | State CT | Zip Code 06831-3640 |
| Purpose of Expend REF | Description REFUND CONTRIBUTION RECEIVED | | | | | Amount |
| which reimbursement is soug | — 1 | penditure # | Event # | ¥ | | \$375.00 |

| IV. EXPENDITURES (Sections N - S) | | | | | | |
|--|---|----------------------------------|--------------|------------------|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE O | | | | | OF REPORT | |
| Dita for CT | | | | January 10 Filin | ng - Amendment | |
| | N. Expenses Paid By Co | mmittee | | | | |
| Name of Payee NGP VAN, INC. | | | Date of Pays | | X D | yment heck # ebit Card FT |
| 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 Event # Event # (if applicable) | | | | | \$950.00 | |
| Name of Payee Date of Payment MARC BRADLEY 12/01/2017 | | | | | Method of Payment X Check # 125 Debit Card EFT | |
| Street Address 55 Roton Ave . | | City Norwalk | | | State CT | Zip Code 06853 |
| Purpose of Expend CNSLT | Description FINANCE DIRECTOR NOV. 2017 CAMPAIGN SERVICES FI | EE | | | | Amount |
| which reimbursement is sough | | Expenditure # (if applicable) | Event # | # | | \$4,000.00 |
| Name of Payee EDWARD COREY | | | Date of Pays | | | yment heck # <u>126</u> ebit Card FT |
| Street Address 52 Sharon Ave | | City Torrington | | | State CT | Zip Code 06790 |
| Purpose of Expend CNSLT | Description POLITICAL COORDINATOR NOV. 2017 CAMPAIGN SERVI | CES FEE | | | | Amount |
| which reimbursement is soug | — — — — — — — — — — — — — — — — — — — | Expenditure # (if applicable) | Event # | ¥ | | \$2,700.00 |

| IV. EXPENDITURES (Sections N - S) | | | | | | | |
|--|---|----------------------|-----------------------------|--------------------|---|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF | | | | F REPORT | | | |
| Dita for CT | | | | Filing - Amendment | | | |
| | N. Expenses Paid By Comm | ittee | | | | | |
| Name of Payee RED HORSE STRATEGIES | 5 | | ate of Payment 2/01/2017 | 1 — | neck# <u>127</u> ebit Card | | |
| Street Address 55 Washington St Ste 70 | 02 | City Brooklyn | | State NY | Zip Code 11201 | | |
| Purpose of Expend CNSLT | Description INV 3366 NOV CONSULTING | | | | Amount | | |
| Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure | | diture # licable) | Event # | | \$1,700.00 | | |
| Name of Payee Date of Payment DIANA C. SISLER 12/01/2017 | | | | | Method of Payment X Check # 128 Debit Card EFT | | |
| Street Address 338 Bennett St . City Fairfield | | | | State CT | Zip Code 06825 | | |
| Purpose of Expend RMB | Description REIMB MILEAGE | | | | Amount | | |
| Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure | | diture # licable) | Event # | | \$88.28 | | |
| Name of Payee SAGE PAYMENT SOLUTION | DNS | | ate of Payment 2/04/2017 | . = | neck # ebit Card | | |
| Street Address 12120 Sunset Hills Rd St | te 500 | City Reston | | State VA | Zip Code 20190 | | |
| Purpose of Expend BNK | Description MERCHANT CARD PROCESSING FEES | | | | Amount | | |
| which reimbursement is soug | | diture # dicable) | Event # | | \$614.81 | | |

| IV. EXPENDITURES (Sections N - S) | | | | | | |
|---|--|----------------------------|--------------------------|------------------|---|--------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE O | | | | OF REPORT | | |
| Dita for CT | | | | January 10 Filin | ng - Amendment | |
| | N. Expenses Paid By Com | mittee | | | | |
| Name of Payee INDIA AVENUE | | | Date of Pays 12/05/20 | | _ = | neck# ebit Card |
| 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 Yes Expenditure # (if applicable) 12052017A | | | | | \$126.03 | |
| Name of Payee Date of Payment MARC BRADLEY 12/07/2017 | | | | | Method of Payment X Check # 129 Debit Card EFT | |
| Street Address 55 Roton Ave . | | City Norwalk | | | State CT | Zip Code 06853 |
| Purpose of Expend RMB | Description REIMB MILEAGE | | | | | Amount |
| Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure | | penditure # applicable) | Event # | # | | \$233.26 |
| Name of Payee TWO SEVENTY (270) STI | RATEGIES | | Date of Pays | | 1 — | neck # <u>WB1866765</u> ebit Card |
| Street Address 626 W Jackson Blvd Ste | 600 | City Chicago | | | State IL | Zip Code 60661 |
| Purpose of Expend A WEB | Description INV #SI 00571 DEC 2017 | | | | | Amount |
| Is this expenditure coordinate which reimbursement is soughtfyes, assign an Expenditure | | penditure # applicable) | Event # | <i>-</i> | | \$7,000.00 - |

| IV. EXPENDITURES (Sections N - S) | | | | | | | |
|--|--|----------------------------|-------------------------|-------------------|---|---|--|
| NAME OF COMMITTE | E (Provide Complete Name as Registered with Commission) | | | ТҮРЕ О | TYPE OF REPORT | | |
| Dita for CT | | | | January 10 Filing | uary 10 Filing - Amendment | | |
| | N. Expenses Paid By Com | mittee | | | | | |
| Name of Payee TWO SEVENTY (270) S | STRATEGIES | | Date of Payr 12/08/2 | | Method of Payment X Check # WB1866765 Debit Card EFT | | |
| Street Address 626 W Jackson Blvd St | te 600 | City Chicago | | | State | Zip Code 60661 | |
| Purpose of Expend CNSLT | Description INV #SI-00571 - DEC 2017 | | | | | Amount | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Event # Event # (if applicable) | | | | | \$4,770.00 | | |
| Name of Payee TWO SEVENTY (270) STRATEGIES Date of Payment 12/08/2017 | | | | | Method of Payment X Check # WB1866765 Debit Card EFT | | |
| Street Address 626 W Jackson Blvd St | te 600 | City Chicago | | | State Zip Code IL 60661 | | |
| Purpose of Expend A-WEB | Description SI #00571 - DIGITAL ADS, NOT FB | | | | | Amount | |
| Is this expenditure coordinate which reimbursement is soughtful the same of th | | penditure # applicable) | Event # | ŧ | | \$619.22 | |
| Name of Payee TWO SEVENTY (270) S | STRATEGIES | | Date of Pays 12/08/2 | | | ayment Check # WB1866765 Debit Card EFT | |
| Street Address 626 W Jackson Blvd St | te 600 | City Chicago | | | State IL | Zip Code 60661 | |
| Purpose of Expend A-WEB | Description SI#00571-DIGITAL ADS-FACEBOOK INV#22969081 SECT R, SCREEN REQUIRES LAST & FIRST NAME | (CAN'T BE INPU | T AS RMB INT | o | | Amount | |
| which reimbursement is soug | □ 1 as | penditure # applicable) | Event # | <u> </u> | | \$1,610.78 | |

| IV. EXPENDITURES (Sections N - S) | | | | | | |
|--|--|----------------------------|--------------|---|----------------|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE O | | | | | OF REPORT | |
| Dita for CT | | | | January 10 Filin | ng - Amendment | |
| | N. Expenses Paid By Com | mittee | | | | |
| Name of Payee KLAUS SAID | | | Date of Pays | | X Do | rment neck # ebit Card |
| Street Address 144 Parsonage Rd | | City Greenwich | | | State CT | Zip Code 06830-3943 |
| Purpose of Expend REF | Description Excess Contribution Refund #VSGDY9XDKH5 | · | | | | Amount |
| which reimbursement is sous | | penditure # applicable) | Event # | ŧ | | \$100.00 |
| Name of Payee Date of Payment EDWARD COREY 12/13/2017 | | | | Method of Payment X Check # 130 Debit Card EFT | | |
| Street Address 52 Sharon Ave | | City Torrington | | | State CT | Zip Code 06790 |
| Purpose of Expend CNSLT | Description POLITICAL COORDINATOR DEC. 2017 CAMPAIGN SERVICE | es fee, prorated | | | | Amount |
| Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure | | penditure # applicable) | Event # | ŧ | | \$642.86 |
| Name of Payee USPS | | | Date of Pays | | 1 = | neck# ebit Card |
| Street Address 357 Commerce Dr | | City Fairfield | | | State CT | Zip Code 06825-9998 |
| Purpose of Expend POST | Description POSTAGE STAMPS (2 SHEETS) | | | | | Amount |
| which reimbursement is sough | □ 1 as | penditure # applicable) | Event # | ŧ | | \$9.80 |

| IV. EXPENDITURES (Sections N - S) | | | | | | | |
|--|--|-------------------------------|--------------------------|------------------|---|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE O | | | | | OF REPORT | | |
| Dita for CT | | | | January 10 Filin | ıg - Amendment | | |
| | N. Expenses Paid By (| Committee | | | | | |
| Name of Payee MAURA TRACY | | | Date of Pays 12/15/20 | | | yment heck# <u>131</u> ebit Card FT | |
| 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 Event # Event # (if applicable) | | | | | \$3,650.00 | | |
| Name of Payee Date of Payment MAURA TRACY 12/15/2017 | | | | | Method of Payment X Check # 131 Debit Card 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 coordinate which reimbursement is sous If yes, assign an Expenditure | | Expenditure # (if applicable) | Event # | ŧ | | \$18.85 | |
| Name of Payee JOSH DELLAQUILA | | | Date of Pays 12/15/20 | | | yment heck# <u>132</u> ebit Card | |
| 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 coordinate which reimbursement is soughtful tyes, assign an Expenditure | | Expenditure # (if applicable) | Event # | ± | | \$296.25 | |

| | IV. EXPENDITURES (Sections N - S) | | | | | | | |
|--|---|-----------------------|--------------------------|------------------|--|------------------------------|--|--|
| NAME OF COMMITTE | E (Provide Complete Name as Registered with Commission) | | | ТҮРЕ С | OF REPORT | | | |
| Dita for CT | | | | January 10 Filin | g - Amendment | | | |
| | | | | | | | | |
| Name of Payee MIDSTATE PRINTING GR | OUP, LLC | | Date of Payr 12/22/20 | | 1 — | eck # 133 | | |
| Street Address 1 Bank St Ste 401 | State Zip Code CT 06901 | | | | | | | |
| Purpose of Expend OFFICE | | Amount | | | | | | |
| Is this expenditure coordinate which reimbursement is sous If yes, assign an Expenditure | \$767.00 | | | | | | | |
| Name of Payee COLIN WALKER | Method of Payment Check # X Debit Card EFT | | | | | | | |
| Street Address 6 Melwood Ln | | City Westport | | | State Zip Code CT 06880-2809 | | | |
| Purpose of Expend REF | Description Excess Contribution Refund #VSGDY9XDKJ3 | | | | | Amount | | |
| which reimbursement is sough | — I | diture # slicable) | Event # | : | | \$100.00 | | |
| Name of Payee JOSH DELLAQUILA | | | Date of Payr 12/28/20 | | 1 — | eck # <u>134</u> bit Card | | |
| Street Address 2855 Fairfield Ave # 2F | | City Bridgeport | | | State CT | Zip Code 06605 | | |
| Purpose of Expend CNSLT | Amount | | | | | | | |
| which reimbursement is soug | | diture # blicable) | Event # | | | \$525.00 | | |

| IV. EXPENDITURES (Sections N - S) | | | | | | | | |
|--|---|---|--------------------------|-------------------|----------------|--|--|--|
| NAME OF COMMITTE | E (Provide Complete Name as Registered with Commission) | | | ТҮРЕ О | F REPORT | | | |
| Dita for CT | | | | January 10 Filino | ng - Amendment | | | |
| | | | | | | | | |
| Name of Payee GILLIAN MORRIS | | | Date of Pays 12/28/20 | | | vment heck# <u>135</u> ebit Card | | |
| Street Address 112 S Park St | | State CA | Zip Code 94107 | | | | | |
| Purpose of Expend RMB | Description REIMB FOOD SFA FR 12/10/17 | | | | | Amount | | |
| Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure |)17A | \$112.00 | | | | | | |
| Name of Payee JULIANA HESS | ment 017 | Method of Payment X Check # 136 Debit Card 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 | | |
| which reimbursement is sough | | enditure # pplicable) | Event # | | | \$117.00 | | |
| Name of Payee INTUIT QB ONLINE | | | Date of Pays 12/28/20 | | X Do | yment heck # ebit Card FT | | |
| Street Address 2700 Coast Ave | <u>. </u> | City Mountain View | | | State CA | Zip Code 94043 | | |
| Purpose of Expend OVHD | | | Amount | | | | | |
| which reimbursement is soug | — 1 45 | enditure # pplicable) | Event # | ŧ | | \$7.07 | | |

| | IV. EXPENDITURES | (Sections N - S |) | | | | |
|--|--|----------------------------------|--------------------------|------------------------------|----------|--|--|
| NAME OF COMMITTE | E (Provide Complete Name as Registered with Commission | n) | | TYPE OF I | REPOR | Γ | |
| Dita for CT | | | | January 10 Filing - <i>i</i> | Amendme | ent | |
| | | | | | | | |
| Name of Payee | | | Date of Payr | | X I | ayment Check # Debit Card EFT | |
| Street Address 2 Larch Tree Ln | | City Westport | | Sta C | ate T | Zip Code 06880-1120 | |
| Purpose of Expend REF | | Amount | | | | | |
| Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure | — — — — — — — — — — — — — — — — — — — | Expenditure # (if applicable) | Event # | | \$250.00 | | |
| Name of Payee STAPLES | | | Date of Pays 12/31/20 | | X | ayment Check # Debit Card EFT | |
| Street Address 1201 Kings Hwy | | City Fairfield | | Sta C | ate T | Zip Code 06824 | |
| Purpose of Expend OFFICE Description PRINTER INK CARTRIDGES | | | | | | Amount | |
| Is this expenditure coordinate which reimbursement is soughtfyes, assign an Expenditure | : | \$24.45 | | | | | |
| | | | | Total of Sec | ction N | \$69,121.80 | |

| | IV. | EXPENDITURES | (Sectio | ns N - S) | | | | | | |
|--|----------------------------------|---------------------------|-----------|-------------------------------|-------------|------------------|------------|-------------------|---------------|------|
| NAME OF COMMITTEE (F | Provide Complete Name as Re | egistered with Commission | on) | | | TY. | PE OF | REPORT | , | |
| | | | | | | January 10 F | iling - Aı | mendment | | |
| | O. Expe | enses Paid By Candida | ate | | | | | | | |
| Name of Payee (Name of vendor who | candidate paid directly) | | | | Date of Pay | ment | Is Reir | mbursement Yes | | No |
| Street Address | | City | | State | Zip C | Code | | A | Amount | |
| Purpose of Expenditure (by code) | cription | | | 1 | Event # | | | | | |
| | | | | | | Tota | l of Sec | etion O | | |
| | IV. EXPI | ENDITURES (Secti | ions N - | S) | | | | | | |
| NAME OF COMMITTEE (F | Provide Complete Name as Ro | egistered with Commission | on) | | | TYPE | OF RE | EPORT | | |
| Dita for CT | | | | | | January 10 Filin | ıg - Ame | endment | | |
| | P. Expenses | Incurred on Commit | ttee Cred | it Card | | | | | | |
| Name of Issuing Institution | | | | Type of Credit C Visa | | r Card I | Discover | | American Expr | ress |
| Name of Vendor | | | | • | | | | Date of Tran | nsaction | |
| Street Address | | | , | City | | | | State | Zip Coo | de |
| Purpose of Expenditure (by code) | Description | | | | | | | | Amount | |
| Is this expenditure coordinated w which reimbursement is sought? | ith another candidate for | Yes No | | Expenditure # (if applicable) | Eve | ent # | | | | |
| If yes, assign an Expenditure # ar | nd complete Itemization in Adden | dum | | | | | | | | |
| | | | | | | Total of Sec | ction P | | | |

| IV. EXPENDITURES (Sections N - S) | | | | | | | | |
|--|---|--------|-------------------------------|---------|---------------------|--------------|--------------------------------|--|
| NAME OF COMMITTE | EE (Provide Complete Name as Registered with Commission | 1) | | | TYPE O | F REPORT | | |
| Dita for CT | | | | | January 10 Filing - | Amendment | | |
| | Q. Expenses Incurred By Committee but No | t Paid | During this Period | | | | | |
| Name of Creditor MUMBAI TIMES | | | | | | Date Incurre | | |
| Street Address | | City | | | | State | Zip Code | |
| 616 Post Rd E | | West | port | | | CT 06880 | | |
| Purpose of Expenditure (by code) | Description | | | | | | unt Incurred ate or Actual) | |
| FOOD | LUNCHEON FUNDRAISER | | | | | | | |
| | | | | | | | | |
| Is this expenditure coordinated reimbursement is sought? | with another candidate for which Yes X No | | Expenditure # (if applicable) | Event # | | | | |
| If yes, assign an Expenditure # | and completes Itemization in Addendum Q | | | 111320 | 017A | | \$85.08 | |
| Name of Creditor HAVELI INDIA | | | | | | Date Incurre | | |
| Street Address | | City | | | | State | Zip Code | |
| 1300 S Main St | | Middl | etown | | | СТ | 06457 | |
| Purpose of Expenditure (by code) | Description | | | | | | unt Incurred ate or Actual) | |
| FOOD | FOOD LUNCH BUFFET FR | | | | | | | |
| | | | | | | | | |
| Is this expenditure coordinated reimbursement is sought? | with another candidate for which Yes X No | | Expenditure # (if applicable) | Event # | | | | |
| If yes, assign an Expenditure # | and completes Itemization in Addendum Q | | | 112620 | 017A | \$333.71 | | |

| | IV. EXPENDITURES (Sec | tions l | N - S) | | | | | |
|--|---|---------|-------------------------------|---------|--------------------------------------|--------------|--------------------------------|--|
| NAME OF COMMITTE | EE (Provide Complete Name as Registered with Commission | 1) | | | TYPE O | F REPORT | | |
| Dita for CT | | | | | January 10 Filing - | Amendment | | |
| | Q. Expenses Incurred By Committee but No | t Paid | During this Period | | | | | |
| Name of Creditor JULIANA HESS | | | | | | Date Incurre | | |
| Street Address | | City | | | | State | Zip Code | |
| 60 Edgewater Commons | s Ln | Westp | port | | | СТ | 06880 | |
| Purpose of Expenditure (by code) Description CAMPAGN AD VICEORY CERT VICEORY CONT. | | | | | Amount Incurred (Estimate or Actual) | | | |
| CAMPAIGN ADVISORY SERVICES NOV 2017 CNSLT | | | | | | | | |
| Is this expenditure coordinated reimbursement is sought? | with another candidate for which Yes X No | | Expenditure # (if applicable) | Event # | | | | |
| If yes, assign an Expenditure # | and completes Itemization in Addendum Q | | | | | \$2,500.00 | | |
| Name of Creditor MAURA TRACY | | | | | | Date Incurre | | |
| Street Address | | City | | | | State | Zip Code | |
| 5314 Fairway Dr | | Madis | on | | | WI | 53711 | |
| Purpose of Expenditure (by code) | Description | | | | | | unt Incurred ate or Actual) | |
| TRVL | PARKING NYC MEETING (PD 1/2/18) | | | | | | | |
| | | | | | | | | |
| Is this expenditure coordinated reimbursement is sought? | with another candidate for which Yes X No | | Expenditure # (if applicable) | Event # | | | | |
| If yes, assign an Expenditure # | and completes Itemization in Addendum Q | | | 121320 | 017A | \$11.00 | | |

| | IV. EXPENDITURES (Sec | tions l | N - S) | | | | |
|--|---|---------|-------------------------------|---------|---|---------------------------|--------------------------------|
| NAME OF COMMITTE | EE (Provide Complete Name as Registered with Commissio | n) | | | ТҮРЕ О | F REPORT | |
| Dita for CT | | | | | January 10 Filing - | Amendment | |
| | Q. Expenses Incurred By Committee but No | ot Paid | During this Period | l | | | |
| Name of Creditor SAYEED CHOWDHURY | Y | | | | | Date Incurre 12/16 | |
| Street Address | | City | | | | State | Zip Code |
| 988 State St | | Bridg | jeport | | | ст | 06605 |
| Purpose of Expenditure (by code) Description | | | | | Amount Incurred (Estimate or Actual) | | |
| RMB | | | | | | | |
| Is this expenditure coordinated reimbursement is sought? | with another candidate for which Yes X No | | Expenditure # (if applicable) | Event # | | | |
| If yes, assign an Expenditure # | and completes Itemization in Addendum Q | | | 12162 | 2017A | | \$228.00 |
| Name of Creditor RED HORSE STRATEGIE | es | | | | | Date Incurre | |
| Street Address | | City | | | | State | Zip Code |
| 55 Washington St Ste 7 | 02 | Brook | dyn | | | NY | 11201 |
| Purpose of Expenditure (by code) | Description CAMPAIGN CONSULTING SERVICES INV #3377 | | | | | I | unt Incurred ate or Actual) |
| CNSLT | | | | | | | |
| reimbursement is sought? | with another candidate for which Yes X No and completes Itemization in Addendum Q | | Expenditure # (if applicable) | Event # | | | \$1,500.00 |
| 1 11 yes, assign all expenditure # | and completes itemization in Addenduill Q | | i | 1 | | | ΦT,200.00 |

| | IV. EXPENDITURES (Sec | tions | N - S) | | | | | |
|---|---|--------|-------------------------------|---------|--------------------------------|-----------------------------|------------|--|
| NAME OF COMMITTE | EE (Provide Complete Name as Registered with Commission | 1) | | | ТҮРЕ О | OF REPORT | | |
| Dita for CT | | | | | January 10 Filing - | Amendment | | |
| | Q. Expenses Incurred By Committee but No | t Paid | During this Period | | | | | |
| Name of Creditor MAURA TRACY | | | | | | Date Incurre | | |
| Street Address | | City | | | | State | Zip Code | |
| 5314 Fairway Dr Madison | | | | | WI | 53711 | | |
| Purpose of Expenditure (by code) Description | | | | | | unt Incurred ate or Actual) | | |
| CAMPAIGN MANAGER SERVICES FEES CNSLT | | | | | | | | |
| reimbursement is sought? | with another candidate for which Yes X No and completes Itemization in Addendum Q | | Expenditure # (if applicable) | Event # | | | \$3,850.00 | |
| Name of Creditor Google, Inc. | | | | | | Date Incurre | | |
| Street Address | | City | | | | State | Zip Code | |
| 1600 Amphitheatre Pkw | /y | Moun | tain View | | | CA | 94043 | |
| Purpose of Expenditure (by code) GOOGLE *SVCSAPPS d cc@google.co CA INV #3408412430 BNK | | | | | unt Incurred ate or Actual) | | | |
| Is this expenditure coordinated reimbursement is sought? | with another candidate for which Yes X No | | Expenditure # (if applicable) | Event # | | | | |
| If yes, assign an Expenditure # | and completes Itemization in Addendum Q | | | | | \$115.66 | | |

| | IV. EXPENDITURES (Sec | tions N | N - S) | | | | | |
|---|---|---------|-------------------------------|---------|---|--------------|-----------------------------|--|
| NAME OF COMMITTE | EE (Provide Complete Name as Registered with Commission | n) | | | ТҮРЕ О | F REPORT | | |
| Dita for CT | | | | | January 10 Filing - | Amendment | | |
| | Q. Expenses Incurred By Committee but No | t Paid | During this Period | | | | | |
| Name of Creditor SAGE PAYMENT SOLUTI | ons | | | | | Date Incurre | | |
| Street Address | | City | | | | State | Zip Code | |
| 12120 Sunset Hills Rd S | Ste 500 | Restor | n | | | VA | 20190 | |
| Purpose of Expenditure (by code) Description CREDIT CARD FEES ACCRUED O/S DEPOSITS ON 12/31 | | | | | Amount Incurred (Estimate or Actual) | | | |
| BNK | | | | | | | | |
| Is this expenditure coordinated reimbursement is sought? | with another candidate for which Yes X No | | Expenditure # (if applicable) | Event # | | | | |
| If yes, assign an Expenditure # | and completes Itemization in Addendum Q | | | | | \$320.67 | | |
| Name of Creditor DIANA C. SISLER | | | | | | Date Incurre | | |
| Street Address | | City | | | | State | Zip Code | |
| 338 Bennett St . | | Fairfie | eld | | | СТ | 06825 | |
| Purpose of Expenditure (by code) | Description | | | | | 1 | unt Incurred ate or Actual) | |
| DEC MILEAGE REIMB (PD 1/5/18) TRVL | | | | | | | | |
| | | | | | | | | |
| Is this expenditure coordinated reimbursement is sought? | with another candidate for which Yes X No | | Expenditure # (if applicable) | Event # | | | | |
| If yes, assign an Expenditure # | and completes Itemization in Addendum Q | | | | | \$136.96 | | |

| | IV. EXPENDITURES (Sections N - S) | | | | | | | |
|--|---|---------------|----------------------------------|---------|---------------------|--------------|--------------------------------|--|
| NAME OF COMMITTE | EE (Provide Complete Name as Registered with Commissio | n) | | | TYPE O | F REPORT | | |
| Dita for CT | | | | | January 10 Filing - | Amendment | | |
| | Q. Expenses Incurred By Committee but No | t Paid | During this Period | | | | | |
| Name of Creditor CT DEPT OF REVENUE S | SVCS | | | | | Date Incurre | | |
| Street Address PO Box 5030 City Hartford | | | | | | State CT | Zip Code 06102-5030 | |
| Purpose of Expenditure (bv code) ACCRUED CT USE TAX ON OUT-OF-STATE PCHS & 1 CT VENDOR DIDN'T CHG TAX, THOUGHT CAMPAIGN EXEMPT | | | | | | | unt Incurred ate or Actual) | |
| reimbursement is sought? | with another candidate for which Yes X No and completes Itemization in Addendum Q | | Expenditure # (if applicable) | Event # | | | \$2,363.20 | |
| Name of Creditor SAGE PAYMENT SOLUTI | ONS | | | | | Date Incurre | | |
| Street Address 12120 Sunset Hills Rd S | Ste 500 | City Resto | n | | | State VA | Zip Code 20190 | |
| Purpose of Expenditure (by code) Description DEC MERCHANT SERVICES CREDIT CARD FEES BNK | | | | | | | unt Incurred ate or Actual) | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes Expenditure # (if applicable) Event # | | | | | | | | |
| If yes, assign an Expenditure # | and completes Itemization in Addendum Q | | | | | | \$996.43 | |
| | | | | Tota | Lof Section O | | \$12,440.71 | |

| |] | IV. EXPENDITURES | (Sections N - | S) | | | | | |
|---|-----------------------------|-----------------------------|-------------------------------|-------|------|-------------------------|------------|------------|---|
| NAME OF COMMITTEE (| (Provide Complete N | ame as Registered with Comn | nission) | | | TYPE OF RE | EPOR | Т | |
| Dita for CT | | | | | | January 10 Filing - Ame | ndmen | nt | |
| | R. Itemizatio | n of Reimbursements and | l Secondary Pa | ıyees | | | | | |
| | | | • | | | | | | |
| Last Name of Worker/Consultant | | First | | MI | Date | of Payment to Vendor | Work | cer/Consul | imburse Committee Itant as reported in |
| BHARGAVA | | DITA | | | 09/ | 12/2017 | _ | on N: | |
| | | | | | | | L | X Chec | |
| | | | | | | | Debit Card | | |
| Name of Vendor Paid by Committee Worker/Consultant | | | | | | | | | |
| PUTNAM PARTNERS, LLC | | | _ | | | | | | |
| Street Address of Vendor | | | City | | | | | State | Zip Code |
| 1100 Vermont Ave NW Washington | | | | | | | DC | 20005 | |
| Purpose of Expenditure | escription IDEO PRODUCTION | | | | | | | | |
| Is this expenditure coordinated with a | another candidate for | Yes | Expenditure # | | | Event # | | | Amount |
| which reimbursement is sought? | | x No | (if applicable) | | | | | | \$5,000.00 |
| If yes, assign an Expenditure # and co | completes Itemization in Ad | dendum R | | | | | | | ,,,,,,,,, |
| Last Name of Worker/Consultant | | First | | MI | Date | of Payment to Vendor | | | imburse Committee Itant as reported in |
| HESS | | JULIANA | | | 09/ | 26/2017 | | on N: | |
| | | | | | | | | X Chec | k# 106 |
| | | | | | | | | Debi | t Card |
| Name of Vendor Paid by Committee | Worker/Consultant | | | | | | L | EFT | |
| COSTCO | worker/constitution | | | | | | | | |
| Street Address of Vendor | | | City | | | | | State | Zip Code |
| 779 Connecticut Ave | | | Norwalk | | | | | СТ | 06854 |
| Purpose of Expenditure | escription | OME FUNDRAISER | | | | | | | |
| Is this expenditure coordinated with a which reimbursement is sought? | another candidate for | Yes | Expenditure # (if applicable) | | | Event # | | | Amount |
| If yes, assign an Expenditure # and co | completes Itemization in Ad | X No | | | | 09282017A | | | \$103.21 |

| | : | IV. EXPENDITURES | (Sections N - | · S) | | | | | |
|--|--------------------------------|-----------------------------|-------------------------------|-------|------|-------------------------|------------|-------------|---|
| NAME OF COMMITTEE | E (Provide Complete N | ame as Registered with Comr | mission) | | | TYPE OF RI | EPOR | Т | |
| Dita for CT | | | | | | January 10 Filing - Ame | ndmer | nt | |
| | R. Itemizatio | on of Reimbursements and | d Secondary Pa | ayees | | | | | |
| | | | | | | | | | |
| Last Name of Worker/Consultant | | First | | MI | | of Payment to Vendor | Worl | | imburse Committee Itant as reported in |
| HESS | | JULIANA | | | 09/ | 26/2017 | | X Chec | k # 106 |
| | | | | | | | Debit Card | | |
| | | | | | | | | EFT | |
| Name of Vendor Paid by Commit TOTAL WINE & MORE | tee Worker/Consultant | | | | | | | | |
| TOTAL WINE & MORE | | | | | | | | | |
| Street Address of Vendor 380 Main Ave | | | City Norwalk | | | | | State CT | Zip Code 06851 |
| Purpose of Expenditure | Description BEVERAGES HOME FU | INDRAISER | | | | | 1 | | |
| Is this expenditure coordinated w which reimbursement is sought? | ith another candidate for | Yes No | Expenditure # (if applicable) | | | Event # | | | Amount |
| If yes, assign an Expenditure # ar | nd completes Itemization in Ac | | | | | 09282017A | | | \$105.12 |
| Last Name of Worker/Consultant | | First | | MI | Date | of Payment to Vendor | | | imburse Committee Itant as reported in |
| HESS | | JULIANA | | | 09/ | 26/2017 | | ion N: | 4 |
| | | | | | | | | X Chec | |
| | | | | | | | | _ | t Card |
| | | | | LL | | | | EFT | |
| Name of Vendor Paid by Commit STOP & SHOP | tee Worker/Consultant | | | | | | | | |
| Street Address of Vendor | | | City | | | | | State | Zip Code |
| 380 Main St | | | Norwalk | | | | | СТ | 06851 |
| Purpose of Expenditure (by code) FOOD | Description FOOD HOME FUNDRAL | ISER | | | | | | | |
| Is this expenditure coordinated w which reimbursement is sought? | ith another candidate for | Yes | Expenditure # (if applicable) | | | Event # | | | Amount |
| If yes, assign an Expenditure # ar | nd completes Itemization in Ac | X No | | | | 09282017A | | | \$96.04 |

| IV. EXPENDITURES (Sections N - S) | | | | | | | | | |
|---|-------------------------------|-----------------------------|-------------------------------|---------|---|----------------------|---------------|---|-------------------|
| NAME OF COMMITTE | EE (Provide Complete N | ame as Registered with Comm | nission) | | | TYPE OF REPORT | | | |
| Dita for CT January 10 Filing - Amendment | | | | | | ndmen | nt | | |
| | R. Itemizatio | on of Reimbursements and | l Secondary Pa | iyees | | | | | |
| Last Name of Worker/Consultan | ıt | First MI MARC | | MI | MI Date of Payment to Vendor 10/02/2017 | | Work Secti | Payment to Reimburse Committee Worker/Consultant as reported in Section N: X Check # 121 Debit Card | |
| Name of Vendor Paid by Comm | ittee Worker/Consultant | | | | | | [| EFT | |
| Street Address of Vendor 980 High Ridge Rd | | | City Stamford | | | | | State CT | Zip Code 06905 |
| Purpose of Expenditure (by code) POST | Description FEDEX | | | | | | | | |
| Is this expenditure coordinated which reimbursement is sought. If yes, assign an Expenditure # | ? | Yes X No | Expenditure # (if applicable) | | | Event # | | | Amount \$27.50 |
| Last Name of Worker/Consultan | ıt | First DIANA | | MI C | | of Payment to Vendor | Work Secti | | |
| Name of Vendor Paid by Comm DIANA C SISLER | ittee Worker/Consultant | | | - | | | | | |
| Street Address of Vendor PO Box 320156 | | | City Fairfield | | | | | State CT | Zip Code 06825 |
| Purpose of Expenditure (by code) TRVL | Description OCT MILEAGE REIMB | | | | | | | | |
| Is this expenditure coordinated which reimbursement is sought' If yes, assign an Expenditure # | ? | Yes X No | Expenditure # (if applicable) | | | Event# | | | Amount \$113.42 |

| IV. EXPENDITURES (Sections N - S) | | | | | | | | | | |
|---|---------------|------------------------------|-------------------------------|----------|----------|-------------------------------|----------|----------|--|--|
| NAME OF COMMITTEE (Provide C | omplete N | Jame as Registered with Comr | mission) | | | TYPE OF REPORT | | | | |
| Dita for CT | | | | | | January 10 Filing - Amendment | | | | |
| R. I | temizatio | on of Reimbursements and | d Secondary Pa | ayees | | | | | | |
| | | | • | · - | | | | | | |
| Last Name of Worker/Consultant | | First MI Dat | | | Date | Date of Payment to Vendor | | | syment to Reimburse Committee orker/Consultant as reported in | |
| BRADLEY | | MARC 11, | | | 11/ | 01/2017 | Ι, | etion N: | | |
| | | | | | | | | _ | sk# 113 | |
| | | | | | | | L | Debi | t Card | |
| Name of Vendor Paid by Committee Worker/Cons | ultant | <u> </u> | | <u> </u> | <u> </u> | | <u> </u> | LIT | | |
| CHAMPION 29 LLC | | | | | | | | | | |
| Street Address of Vendor | | | City | | | | | State | Zip Code | |
| 10 E 29th St | New York | | | | | NY | 10016 | | | |
| Purpose of Expenditure (by code) TRVL Description PARKING REIMB | | | | | | | | | | |
| _ ' | | | | | Amount | | | | | |
| which reimbursement is sought? | | x No | (if applicable) 11012017A | | | 11012017A | \$68.00 | | | |
| If yes, assign an Expenditure # and completes Iter | nization in A | ddendum R | | | | | | | | |
| Last Name of Worker/Consultant | | First | | MI | Date | of Payment to Vendor | | | imburse Committee Itant as reported in | |
| COREY | | EDWARD | | | 11/ | 06/2017 | | ion N: | , | |
| | | | | | | | [| X Chec | ek # 117 | |
| | | | | | | | ! | Debi | t Card | |
| Name of Vendor Paid by Committee Worker/Con: | ultant | | | | | | ļ l | EFT | | |
| STAPLES | unam | | | | | | _ | | | |
| Street Address of Vendor | | | City | | | | | State | Zip Code | |
| 2299 Summer St | | | Stamford | | | | | СТ | 06905 | |
| Purpose of Expenditure (by code) OFFICE Description OFFICE SUF | PLIES | | | | | | | | | |
| Is this expenditure coordinated with another candi which reimbursement is sought? | date for | Yes | Expenditure # (if applicable) | | | Event # | | | Amount | |
| If yes, assign an Expenditure # and completes Iter | nization in A | X No | | | | | | | \$29.74 | |

| IV. EXPENDITURES (Sections N - S) | | | | | | | | | |
|--|--------------------------------|-----------------------------|-------------------------------|-------|------|-------------------------------|----------|------------|---|
| NAME OF COMMITTEE | E (Provide Complete N | ame as Registered with Comm | nission) | | | TYPE OF RI | EPOR | Т | |
| Dita for CT | | | | | | January 10 Filing - Amendment | | | |
| | R. Itemizatio | on of Reimbursements and | l Secondary Pa | ıyees | | | | | |
| | | | | | | | | | |
| Last Name of Worker/Consultant | | First | | MI | Date | of Payment to Vendor | Worl | ker/Consul | imburse Committee Itant as reported in |
| BRADLEY | | MARC | | | 11/ | 15/2017 | Ι, | ion N: | |
| | | | | | | | | _ | rk # 119 t Card |
| | | | | | | | ' [| EFT | t Card |
| Name of Vendor Paid by Committ | tee Worker/Consultant | | | | | | ш, | | |
| STAPLES | | | _ | | | | | | |
| Street Address of Vendor | | | City | | | | | State | Zip Code |
| 1237 E Putnam Ave | F Putnam Ave Greenwich | | | | | | CT | 06878 | |
| Purpose of Expenditure (by code) OFFICE Description OFFICE SUPPLIES | | | | | | | | | |
| Is this expenditure coordinated wi | ith another candidate for | Yes | Expenditure # | | | Event # | | | Amount |
| which reimbursement is sought? | | x No | (if applicable) | | | | | | \$69.09 |
| If yes, assign an Expenditure # an | nd completes Itemization in Ac | ldendum R | | | | | | | |
| Last Name of Worker/Consultant | | First | | MI | Date | of Payment to Vendor | | | imburse Committee Itant as reported in |
| BRADLEY | | MARC | | | 11/ | 19/2017 | | ion N: | raint as reported in |
| | | | | | | | [| X Chec | k # 121 |
| | | | | | | | [| Debi | t Card |
| Name of Vendor Paid by Commit | too Western (Consoltent | | | | | | [| EFT | |
| STAPLES | tee worker/Consultant | | | | | | | | |
| Street Address of Vendor | | | City | | | | | State | Zip Code |
| 420-440 Westport Ave | | | Norwalk | | | | | CT | 06851 |
| Purpose of Expenditure | Description COPIES/PRINTING TH | ANK YOU LETTERS | | | | | | | |
| Is this expenditure coordinated wi which reimbursement is sought? | ith another candidate for | Yes | Expenditure # (if applicable) | | | Event # | | | Amount |
| which reimbursement is sought? X No | | | | | | | | | |

| 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. Itemizatio | on of Reimbursements and | l Secondary Pa | iyees | <u> </u> | | | | |
| Last Name of Worker/Consultan | it | | | | of Payment to Vendor | Work Secti | Payment to Reimburse Committee Worker/Consultant as reported in Section N: X Check # 121 Debit Card EFT | | |
| Name of Vendor Paid by Comm | ittee Worker/Consultant | | | | | | | | |
| 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 which reimbursement is sought. If yes, assign an Expenditure # a | ? | Yes X No Idendum R | Expenditure # (if applicable) | | | Event # 11192017A | | | Amount \$17.99 |
| Last Name of Worker/Consultan BRADLEY | ıt | First MARC | | MI | | of Payment to Vendor 22/2017 | Work Secti | xer/Consultion N: | imburse Committee Itant as reported in k # 121 I Card |
| Name of Vendor Paid by Comm USPS | ittee Worker/Consultant | | | | | | | | |
| 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 which reimbursement is sought. If yes, assign an Expenditure # a | ? | Yes X No Idendum R | Expenditure # (if applicable) | | | Event# | | | Amount \$6.65 |

| IV. EXPENDITURES (Sections N - S) | | | | | | | | | |
|---|---------------------------------|------------------------------|-------------------------------|-------|----------------------|-------------------------------|-------------------------------|---------------|--|
| NAME OF COMMITTE | EE (Provide Complete N | fame as Registered with Comm | nission) | | | TYPE OF REPORT | | | |
| Dita for CT | | | | | | January 10 Filing - Amendment | | | |
| | R. Itemizatio | on of Reimbursements and | l Secondary Pa | ayees | | | | | |
| [a | | | | | | | Payme | ent to Rei | imburse Committee |
| Last Name of Worker/Consultar | at . | | | | of Payment to Vendor | | ker/Consultant as reported in | | |
| BRADLEY | | MARC | | | 11/ | 22/2017 | X | X Check # 121 | |
| | | | | | | | | Debit Card | |
| | | | | | | | EFT | | |
| 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 STAMPS (PRIMARILY FOR THANK YOU LETTERS) | | | | | | | | | |
| Is this expenditure coordinated which reimbursement is sought | ? | Yes X No | Expenditure # (if applicable) | | | Event # | | | Amount \$245.00 |
| If yes, assign an Expenditure # | and completes Itemization in Ad | adendum K | | | | | | | |
| Last Name of Worker/Consultar | nt | First | | MI | Date | of Payment to Vendor | | | imburse Committee tant as reported in |
| SISLER | | DIANA | | С | 11/ | 30/2017 | Section | _ | |
| | | | | | | | | Check | |
| | | | | | | | | Beon | Caiu |
| Name of Vendor Paid by Comm DIANA SISLER | uittee Worker/Consultant | | | - | | | | _ | |
| Street Address of Vendor 338 Bennett St | | | City Fairfield | | | | | State | Zip Code 06825 |
| Purpose of Expenditure (by code) TRVL | Description NOV MILEAGE REIMB | | | | | | • | | |
| Is this expenditure coordinated which reimbursement is sought | | Yes | Expenditure # (if applicable) | | | Event # | | | Amount |
| If yes, assign an Expenditure # | and completes Itemization in A | X No | | | | | | | \$88.28 |

| IV. EXPENDITURES (Sections N - S) | | | | | | | | | |
|--|------------------------|-----------------------------|-------------------------------|----|------|-------------------------------|-----------------|-------------|---|
| NAME OF COMMITTE | E (Provide Complete N | ame as Registered with Comm | nission) | | | TYPE OF REPORT | | | |
| Dita for CT | | | | | | January 10 Filing - Amendment | | | |
| R. Itemization of Reimbursements and Secondary Payees | | | | | | | | | |
| | | | | | | | | | |
| Last Name of Worker/Consultant | i | First | | MI | Date | of Payment to Vendor | Work | er/Consul | imburse Committee Itant as reported in |
| BRADLEY | | MARC | | | 12/ | 03/2017 | Section | _ | 1.4 120 |
| | | | | | | | | | k # 129 t Card |
| | | | | | | | | EFT | Card |
| Name of Vendor Paid by Committee Worker/Consultant MARC BRADLEY | | | | | | | | | |
| Street Address of Vendor 55 Roton Ave | | | City Norwalk | | | | | State CT | Zip Code 06853 |
| Purpose of Expenditure (by code) TRVL Description NOV-DEC MILEAGE REIMB | | | | | | | | | |
| Is this expenditure coordinated w which reimbursement is sought? If yes, assign an Expenditure # a | | Yes X No | Expenditure # (if applicable) | | | Event# | | | Amount \$233.26 |
| | | | | | | ı | Paym | nent to Re | imburse Committee |
| Last Name of Worker/Consultant | | First | | MI | | of Payment to Vendor | Work Section | | tant as reported in |
| TRACY | | MAURA | | | 12/ | 04/2017 | | X Chec | k# 131 |
| | | | | | | | | Debi | t Card |
| | | | | | | | | EFT | |
| Name of Vendor Paid by Commi USPS | ttee Worker/Consultant | | | | | | | | |
| Street Address of Vendor | | | City | | | | | State | Zip Code |
| 16 Washington St | | | Norwalk | | | | (| СТ | 06854 |
| Purpose of Expenditure (by code) POST | Description POSTAGE | | | | | | | | |
| Is this expenditure coordinated w | | Yes | Expenditure # (if applicable) | | | Event # | | | Amount |
| which reimbursement is sought? If yes, assign an Expenditure # a | | X No | (11 applicable) | | | | | | \$18.85 |

| IV. EXPENDITURES (Sections N - S) | | | | | | | | | |
|---|---|-----------------------------|---|-------------------|---|-------------------------------|---|------------|--|
| NAME OF COMMITTE | EE (Provide Complete N | ame as Registered with Comn | nission) | | | TYPE OF REPORT | | | |
| Dita for CT | | | | | | January 10 Filing - Amendment | | | |
| | R. Itemization of Reimbursements and Secondary Payees | | | | | | | | |
| Last Name of Worker/Consultan | ıt | | | | te of Payment to Vendor Work 2/10/2017 | | t to Reimburse Committee (Consultant as reported in N: Check # 135 Debit Card | | |
| Name of Vendor Paid by Committee Worker/Consultant WHOLE FOODS MARKET | | | | | | | | | |
| Street Address of Vendor 2001 Market St | | | | | | Star | 1 1 | | |
| Purpose of Expenditure (by code) FOOD Description FOOD FOR HOME FUNDRAISER | | | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and completes Itemization in Addendum R Expenditure # (if applicable) | | | | Event # 12102017A | Amount \$112.00 | | | | |
| Last Name of Worker/Consultan | t | First JULIANA | MI Date of Payment to Vendor 12/28/2017 | | | | Payment to Reimburse Committee Worker/Consultant as reported in Section N: X Check # 136 Debit Card | | |
| Name of Vendor Paid by Comm TOTAL WINE & MORE | ittee Worker/Consultant | | | <u> </u> | | | | • | |
| Street Address of Vendor 380 Main Ave | | | City Norwalk | | | | Star CT | • | |
| Purpose of Expenditure (by code) FOOD | Description BEVERAGES HOME FU | INDRAISER | | | | | | | |
| Is this expenditure coordinated which reimbursement is sought. | | Yes | Expenditure # (if applicable) | | | Event # | | Amount | |
| If yes, assign an Expenditure # a | and completes Itemization in Ac | X No | | | | 11192017A | | \$117.00 | |
| | | | | | | Total of Section R | | \$6,521.19 | |

| IV. EXPENDITURES (Sectuibs N - S) | | | | | | | |
|---|-----------------------|---------------------|---------------|-----------------------|-------------------------------------|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registe | ered with Commission) | | | TYPE OF REPORT | | | |
| Dita for CT | | | January | 10 Filing - Amendment | | | |
| S. Surplus Distribution of Equipment and Furniture | | | | | | | |
| Name of Recipient | | | | | | | |
| Street Address | Address City S | | | Zip Code | Original Purchase Amount of Item | | |
| Description of Item | | | • | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | Total of Section S | | | |
| Section J4. ADDENDUM | | | | | | | |
| NAME OF COMMITTEE | | | | TYPE OF REPORT | | | |
| | | | | | | | |
| J4. In - Kind Donations Not Conside | red Contribution As | sociated with a Hou | ise Party - A | Addendum | | | |
| Event # | | | | | | | |
| Name of Candidate | | | | | | | |
| | | | | | | | |
| Section N. A | ADDENDUM | | | | | | |
| NAME OF COMMITTEE | | TYPE OF REPORT | | | | | |
| | | | | | | | |
| | aid By Committee - A | | | | | | |
| Expenditure # | | | Amount of | Expenditure | | | |
| Name of Candidate | | Offi | ce Sought | | | | |

| Section P. ADDENDUM | | | | | | | |
|--|-----------------|-----------------------|--|--|--|--|--|
| NAME OF COMMITTEE | | TYPE OF REPORT | | | | | |
| | | | | | | | |
| P. Expenses Incurred on Committee Credit Card - Addendum | | | | | | | |
| Expenditure # | | Amount of Expenditure | | | | | |
| Name of Candidate | | Office Sought | | | | | |
| | | | | | | | |
| Section Q. ADDENDUM | | 1 | | | | | |
| NAME OF COMMITTEE | TYPE OF REPORT | | | | | | |
| | | | | | | | |
| Q. Expenses Incurred by Committee but Not Pa | aid During this | Period - Addendum | | | | | |
| Expenditure # | | Amount of Expenditure | | | | | |
| Name of Candidate | | Office Sought | | | | | |
| | | | | | | | |
| Section R. ADDENDUM | | 1 | | | | | |
| NAME OF COMMITTEE | TYPE OF REPORT | | | | | | |
| | | | | | | | |
| R. Itemization of Reimbursements and Secondary Pa | ayees - Addend | um | | | | | |
| Expenditure # | | Amount of Expenditure | | | | | |
| Name of Candidate | • | Office Sought | | | | | |