



**COVER PAGE**

1. NAME OF COMMITTEE			2. TYPE OF COMMITTEE		
<b>Dita for CT</b>			<input type="checkbox"/> Candidate Committee <input checked="" type="checkbox"/> Exploratory Committee		
3. TREASURER NAME					
First <b>Diana</b>	MI <b>C</b>	Last <b>Sisler</b>		Suffix	
4. TREASURER ADDRESS					
Street Address <b>338 Bennett St</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>		
5. ELECTION DATE <b>11/06/2018</b>	6. OFFICE SOUGHT (Complete only if Candidate Committee) <b>Undetermined</b>			7. DISTRICT NUMBER (if applicable)	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First <b>Dita</b>	MI	Last <b>Bhargava</b>		Suffix	
9. TYPE OF REPORT					
<b>October 10 Filing - Amendment</b>					
10. PERIOD COVERED					
Beginning Date		Ending Date			
<b>09/01/2017</b>		thru		<b>09/30/2017</b>	
11. CERTIFICATION					
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.					
<b>Electronic Filing</b>	<b>Diana Sisler</b>	<b>01/08/2018 1:02:06PM</b>			
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED			
<p><b>A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.</b></p>					

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
<b>Dita for CT</b>	October 10 Filing - Amendment	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		<b>\$0.00</b>
13. Balance on hand at the beginning of Reporting Period	<b>\$0.00</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$53,077.00</b>	<b>\$53,077.00</b>
15. Receipts from Other Committees (Sections C1 and C2)	<b>\$0.00</b>	<b>\$0.00</b>
16. Other Monetary Receipts (Section D through I)	<b>\$0.00</b>	<b>\$0.00</b>
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	<b>\$0.00</b>	<b>\$0.00</b>
18. Total Monetary Receipts (add totals for lines 14 through 17)	<b>\$53,077.00</b>	<b>\$53,077.00</b>
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	<b>\$53,077.00</b>	<b>\$53,077.00</b>
20. Expenses Paid by Committee (Section N)	<b>\$6,390.28</b>	<b>\$6,390.28</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	<b>\$46,686.72</b>	<b>\$46,686.72</b>
22. In-Kind Donations not Considered Contributions Received (Section J3)	<b>\$0.00</b>	<b>\$0.00</b>
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	<b>\$0.00</b>	<b>\$0.00</b>
24. In-Kind Contributions Received (Section K)	<b>\$0.00</b>	<b>\$0.00</b>
25. Refundable Deposit to Telephone Company (Section L)	<b>\$0.00</b>	<b>\$0.00</b>
26. Beginning Loan Balance	<b>\$0.00</b>	
26a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
26b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26c. - Payments on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26d. Total Outstanding Loan Amount	<b>\$0.00</b>	
27. Campaign Expenses Paid By Candidate (Section O)	<b>\$5,600.00</b>	<b>\$5,600.00</b>
28. Expenses Incurred on Committee Credit Card (Section P)	<b>\$526.56</b>	<b>\$526.56</b>
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	<b>\$19,133.43</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$19,133.43</b>	

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

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

Last Name Sisler		First Diana		MI C	Contribution ID # 0001
Residential Street Address 338 Bennett St .		City Fairfield		State CT	Zip Code 06825
Principal Occupation Consultant			Name of Employer Diana Sisler		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is this contribution associated with an event reported in Section J1? If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 09/07/2017	
\$25.00					

Last Name Ponte		First Natalie		MI CT	Contribution ID # 0002
Residential Street Address 22 Huckleberry Ln		City Weston		State CT	Zip Code 06883
Principal Occupation Content Partnerships			Name of Employer Tenor, Inc		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is this contribution associated with an event reported in Section J1? If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 09/12/2017	
\$100.00					

Last Name DeSimone		First Aya		MI CT	Contribution ID # 0003
Residential Street Address 6 Kenilworth Ter		City Greenwich		State CT	Zip Code 06830
Principal Occupation Consultant			Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is this contribution associated with an event reported in Section J1? If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 09/12/2017	
\$375.00					

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

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

**B. Itemized Contributions from Individuals**

Last Name Kapoor	First Nick	MI	Contribution ID # 0004
Residential Street Address 11 Cardinal Ln	City Monroe	State CT	Zip Code 06468
Principal Occupation Financial Analyst	Name of Employer I-Engineering, Inc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/12/2017	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Duleep	First Annapurna	MI	Contribution ID # 0005
Residential Street Address 1 Briarwood Rd	City Norwalk	State CT	Zip Code 06850
Principal Occupation Center Director	Name of Employer C2 Education of Wilton		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/12/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Hacioglu	First Cem	MI	Contribution ID # 0006
Residential Street Address 2370 Fountain Crest Ln Apt 28	City Thousand Oaks	State CA	Zip Code 91362-5774
Principal Occupation NA	Name of Employer NA		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/12/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Bayne	First David	MI	Contribution ID # 0007
Residential Street Address 5 Windsor Rd	City Darrien	State CT	Zip Code 06820-3228
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/12/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Miller	First Brian	MI	Contribution ID # 0008
Residential Street Address 12 Grahampton Ln	City Greenwich	State CT	Zip Code 06830
Principal Occupation Retired	Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 09/13/2017	Aggregate Contributions \$375.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$375.00	

Last Name Bhargava	First Aparna	MI	Contribution ID # 0009
Residential Street Address 2758 Hollyview Ct	City Los Angeles	State CA	Zip Code 90068-3088
Principal Occupation Business Manager	Name of Employer Soft Pedal Inc		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 09/13/2017	Aggregate Contributions \$375.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$375.00	

Last Name Tardio	First Judith	MI	Contribution ID # 0013
Residential Street Address 10 Fletcher Ave	City Greenwich	State CT	Zip Code 06831-4937
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 09/13/2017	Aggregate Contributions \$5.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name Durkin	First Edward	MI	Contribution ID # 0014
Residential Street Address 11863 Wimbledon Cir	City Wellington	State FL	Zip Code 33414-6037
Principal Occupation NA	Name of Employer NA		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 09/13/2017	Aggregate Contributions \$375.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$375.00	

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

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

**B. Itemized Contributions from Individuals**

Last Name Zervos	First Sara	MI	Contribution ID # 0010
Residential Street Address 17 Constance Ln	City Stamford	State CT	Zip Code 06903-4309
Principal Occupation Economist	Name of Employer Global Reach Consulting		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/14/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Ramos	First Maryann	MI	Contribution ID # 0012
Residential Street Address 12 Glenville St Unit 105	City Greenwich	State CT	Zip Code 06831-3638
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/14/2017	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Rutgers	First Alma	MI	Contribution ID # 0011
Residential Street Address 12 Wildwood Dr	City Greenwich	State CT	Zip Code 06830-6728
Principal Occupation Writer	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/15/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Wells	First Valeria	MI	Contribution ID # 0015
Residential Street Address 10 Bend of River Ln	City Stamford	State CT	Zip Code 06902-1301
Principal Occupation Chief Development Officer	Name of Employer INROADS, Inc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/15/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Hardy	First Mary	MI	Contribution ID # 0016
Residential Street Address 303 Cognewaugh Rd	City Cos Cob	State CT	Zip Code 06807-1310
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section J1?  If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/15/2017	Aggregate Contributions \$50.00
			\$50.00

Last Name Brady	First Robert	MI	Contribution ID # 0017
Residential Street Address 16 Terrace Ave	City Riverside	State CT	Zip Code 06878-2124
Principal Occupation Retired	Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section J1?  If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/15/2017	Aggregate Contributions \$375.00
			\$375.00

Last Name Brady	First Rosamond	MI	Contribution ID # 0018
Residential Street Address 16 Terrace Ave	City Riverside	State CT	Zip Code 06878-2124
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section J1?  If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/15/2017	Aggregate Contributions \$375.00
			\$375.00

Last Name Gupta	First Anita	MI	Contribution ID # 0019
Residential Street Address 444 Washington Blvd Apt 5541	City Jersey City	State NJ	Zip Code 07310-1906
Principal Occupation Banker	Name of Employer Bank of America		
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section J1?  If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/15/2017	Aggregate Contributions \$100.00
			\$100.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Stein	First Mitchell	MI	Contribution ID # 0020
Residential Street Address 36 Beattie Way	City New Providence	State NJ	Zip Code 07974-2760
Principal Occupation Financial Advisor	Name of Employer Morgan Stanley		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/15/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Wayne	First Valerie	MI	Contribution ID # 0021
Residential Street Address 38 Highview Ave	City Old Greenwich	State CT	Zip Code 06870-1704
Principal Occupation Chair	Name of Employer Rockefeller Brothers Fund		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/15/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Knapp	First Heather	MI	Contribution ID # 0022
Residential Street Address 36 Riverside Ln	City Riverside	State CT	Zip Code 06878
Principal Occupation Executive	Name of Employer Fogarty Knapp & Associates, Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/15/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Toppin	First Catherine	MI	Contribution ID # 0023
Residential Street Address 19 Compo Rd S .	City Westport	State CT	Zip Code 06880
Principal Occupation Lawyer	Name of Employer General Electric		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/15/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	



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

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

**B. Itemized Contributions from Individuals**

Last Name Crowder	First Rupica	MI	Contribution ID # 0024
Residential Street Address 506 Athens St	City Altadena	State CA	Zip Code 91001-1604
Principal Occupation housewife	Name of Employer Ms.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/15/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Rizzolo	First Carol	MI	Contribution ID # 0025
Residential Street Address 24 Long HI Farm	City Guilford	State CT	Zip Code 06437
Principal Occupation Community Organizer	Name of Employer Contemporary Explorations in Mythology		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/15/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Litvack	First Sandy	MI	Contribution ID # 0026
Residential Street Address 41 Baldwin Farms S	City Greenwich	State CT	Zip Code 06831
Principal Occupation Attorney	Name of Employer Hogan Lovells LLP		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/15/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Capodilupo	First Francesca	MI	Contribution ID # 0027
Residential Street Address 513 Branchville Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Senior Associate	Name of Employer Red Horse Strategies		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/15/2017	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Schine	First Edward	MI	Contribution ID # 0028
Residential Street Address 90 Godfrey Rd W	City Weston	State CT	Zip Code 06883
Principal Occupation Contractor	Name of Employer Schine Construction		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/15/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Swomley	First Joanna	MI	Contribution ID # 0029
Residential Street Address 41 Baldwin Farms S	City Greenwich	State CT	Zip Code 06831
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/15/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Bumpen	First Ussawin	MI	Contribution ID # 0030
Residential Street Address 48 Sherman St Fl 3	City Hartford	State CT	Zip Code 06105-2208
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/15/2017	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Condon	First Jane	MI	Contribution ID # 0042
Residential Street Address 38 Close Rd	City Greenwich	State CT	Zip Code 06831-2722
Principal Occupation Comedian	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/16/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Wilcox	First Tomira	MI	Contribution ID # 0053
Residential Street Address 5 Pleasant Valley Ln	City Westport	State CT	Zip Code 06880-2731
Principal Occupation stay at home feminist	Name of Employer self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>09282017A</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/16/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Becker	First Casey	MI	Contribution ID # 0045
Residential Street Address 140 7th Ave Apt 4A	City New York	State NY	Zip Code 10011
Principal Occupation Executive	Name of Employer Brunswick Group		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/17/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Ramaswamy	First Vandana	MI	Contribution ID # 0055
Residential Street Address 2148 Oakawana Dr NE	City Atlanta	State GA	Zip Code 30345-3549
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/17/2017	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Basu	First Avijit	MI	Contribution ID # 0033
Residential Street Address 52 Blackberry Dr	City Stamford	State CT	Zip Code 06903-1205
Principal Occupation NA	Name of Employer NA		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/17/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Lorenz	First Steve	MI	Contribution ID # 0036
Residential Street Address 7 Castle Ct	City Greenwich	State CT	Zip Code 06830-4001
Principal Occupation NA	Name of Employer NA		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/17/2017	Aggregate Contributions \$250.00
		Amount of Contribution \$250.00	

Last Name Saujani	First Reshma	MI	Contribution ID # 0037
Residential Street Address 240 W 23rd St	City New York	State NY	Zip Code 10011-2305
Principal Occupation CEO	Name of Employer Girls Who Code		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/18/2017	Aggregate Contributions \$375.00
		Amount of Contribution \$375.00	

Last Name McGrath	First Amy	MI	Contribution ID # 0034
Residential Street Address 31 Rockwood Ln	City Greenwich	State CT	Zip Code 06830-3813
Principal Occupation Unemployed	Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/18/2017	Aggregate Contributions \$350.00
		Amount of Contribution \$350.00	

Last Name Nobay	First Rommel	MI	Contribution ID # 0040
Residential Street Address 39 Dartmouth Rd	City Cos Cob	State CT	Zip Code 06807-1713
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/18/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

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

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

**B. Itemized Contributions from Individuals**

Last Name Culvahouse	First Wear	MI	Contribution ID # 0041
Residential Street Address 61 Ridgeview Ave	City Greenwich	State CT	Zip Code 06830-4755
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/18/2017	Aggregate Contributions \$250.00
		Amount of Contribution \$250.00	

Last Name Tripathi	First Sush	MI	Contribution ID # 0031
Residential Street Address 242 Ichabod Rd	City Southbury	State CT	Zip Code 06488-2193
Principal Occupation Co-Founder and COO Connecticut	Name of Employer Venturiom		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/18/2017	Aggregate Contributions \$250.00
		Amount of Contribution \$250.00	

Last Name Patel	First Nirmal	MI	Contribution ID # 0032
Residential Street Address 24 Cognewaugh Rd	City Cos Cob	State CT	Zip Code 06807-1722
Principal Occupation Physician	Name of Employer Teladoc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/18/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Miller	First Heidi	MI	Contribution ID # 0056
Residential Street Address 12 Grahampton Ln	City Greenwich	State CT	Zip Code 06830-3859
Principal Occupation NA	Name of Employer NA		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/18/2017	Aggregate Contributions \$375.00
		Amount of Contribution \$375.00	

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

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

**B. Itemized Contributions from Individuals**

Last Name Marchand	First Donata	MI	Contribution ID # 0057
Residential Street Address 87 Birch Ln	City Greenwich	State CT	Zip Code 06830-3912
Principal Occupation Attorney	Name of Employer Ivey, Barnum, O'Mara Law		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 09/18/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name DeSimone	First Leila	MI	Contribution ID # 0058
Residential Street Address 6 Kenilworth Ter	City Greenwich	State CT	Zip Code 06830-4714
Principal Occupation Student	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 09/18/2017	Aggregate Contributions \$5.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name Burleigh	First Anne	MI	Contribution ID # 0046
Residential Street Address 2 Crooked Mile Rd	City Darien	State CT	Zip Code 06820-2001
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 09/18/2017	Aggregate Contributions \$375.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$375.00	

Last Name Brush	First Peter	MI	Contribution ID # 0049
Residential Street Address 377 Cognewaugh Rd	City Cos Cob	State CT	Zip Code 06807-1313
Principal Occupation Sales	Name of Employer TD Securities		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 09/18/2017	Aggregate Contributions \$250.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$250.00	

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

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

**B. Itemized Contributions from Individuals**

Last Name Schine	First Brigitta	MI	Contribution ID # 0052
Residential Street Address 90 Godfrey Rd W	City Weston	State CT	Zip Code 06883
Principal Occupation Risk Manager	Name of Employer RBS		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 09/18/2017	Aggregate Contributions \$375.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$375.00	

Last Name Bradley	First Marc	MI	Contribution ID # 0050
Residential Street Address 10 Ashton Dr	City Greenwich	State CT	Zip Code 06831-3762
Principal Occupation Fundraiser	Name of Employer Self Employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 09/19/2017	Aggregate Contributions \$5.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name D'Angeli	First Diane	MI	Contribution ID # 0043
Residential Street Address 44 Indian Field Rd	City Greenwich	State CT	Zip Code 06830-7219
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 09/19/2017	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Marchand	First Janet	MI	Contribution ID # 0044
Residential Street Address 87 Birch Ln	City Greenwich	State CT	Zip Code 06830-3912
Principal Occupation Retired	Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 09/19/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

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

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

**B. Itemized Contributions from Individuals**

Last Name Martine	First Anne	MI	Contribution ID # 0047
Residential Street Address 108 Patterson Ave	City Greenwich	State CT	Zip Code 06830
Principal Occupation Nursery School Teacher	Name of Employer Putnam Indian Field School		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/19/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Bhargava	First Usha	MI	Contribution ID # 0059
Residential Street Address 393 Charles Dr	City Cheshire	State CT	Zip Code 06410-2903
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/19/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Rizzolo	First Larry	MI	Contribution ID # 0060
Residential Street Address 24 Long HI Farm	City Guilford	State CT	Zip Code 06437-1867
Principal Occupation Professor	Name of Employer Yale University Medical School		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/19/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Mohan	First Carmen	MI	Contribution ID # 0061
Residential Street Address 337 Gordon Ave NE	City Atlanta	State GA	Zip Code 30307-2315
Principal Occupation physician	Name of Employer health media consulting - Carmen Mohan		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/19/2017	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00



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

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

**B. Itemized Contributions from Individuals**

Last Name Nethero	First Susan	MI	Contribution ID # 0062
Residential Street Address 1065 Farmington Ln NE	City Brookhaven	State GA	Zip Code 30319-2811
Principal Occupation Managing Director	Name of Employer GoldenSeeds		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/19/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Hussey	First Trish	MI	Contribution ID # 0039
Residential Street Address 58 Halsey Dr	City Old Greenwich	State CT	Zip Code 06870-1225
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/19/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Bhargava	First Ashok	MI	Contribution ID # 0035
Residential Street Address 393 Charles Dr	City Cheshire	State CT	Zip Code 06410-2903
Principal Occupation Retired	Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/19/2017	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Barve	First Chinmayee	MI	Contribution ID # 0038
Residential Street Address 1975 Mason Mill Rd	City Decatur	State GA	Zip Code 30033-4006
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/20/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Bhargava</b>	First <b>Anupam</b>	MI	Contribution ID # <b>0048</b>
Residential Street Address <b>4 Joseph Dr</b>	City <b>Simsbury</b>	State <b>CT</b>	Zip Code <b>06070-2760</b>
Principal Occupation <b>Engineer</b>	Name of Employer <b>Unemployed</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>09/20/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Sisler</b>	First <b>Diana</b>	MI <b>C</b>	Contribution ID # <b>0051</b>
Residential Street Address <b>338 Bennett St .</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Consultant</b>	Name of Employer <b>IFS LLC (SELF)</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>09/20/2017</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>Mechanic</b>	First <b>Michelle</b>	MI	Contribution ID # <b>0054</b>
Residential Street Address <b>6 Blackberry Ln</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880-2711</b>
Principal Occupation <b>Attorney and visual artist</b>	Name of Employer <b>Self</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b><u>09282017A</u></b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>09/20/2017</b>	Aggregate Contributions <b>\$375.00</b>
		Amount of Contribution <b>\$375.00</b>	

Last Name <b>Gutkowski</b>	First <b>Jesse</b>	MI	Contribution ID # <b>0082</b>
Residential Street Address <b>6 Blackberry Ln</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880-2711</b>
Principal Occupation <b>Asset Management</b>	Name of Employer <b>MIO Partners</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>09/20/2017</b>	Aggregate Contributions <b>\$375.00</b>
		Amount of Contribution <b>\$375.00</b>	

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

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

**B. Itemized Contributions from Individuals**

Last Name Bley	First Kari	MI	Contribution ID # 0083
Residential Street Address 4 Morningside Dr N Apt 202	City Westport	State CT	Zip Code 06880-3854
Principal Occupation Stay at home parent	Name of Employer Stay at home parent		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/21/2017	Aggregate Contributions \$200.00
			Amount of Contribution \$200.00

Last Name Bhalla	First Vanita	MI	Contribution ID # 0084
Residential Street Address 26 Parkland Dr	City Woodbury	State CT	Zip Code 06798-3637
Principal Occupation Career Coach	Name of Employer Bhalla Talent Advisors / Self employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/21/2017	Aggregate Contributions \$300.00
			Amount of Contribution \$300.00

Last Name Mehta	First Hridaynath	MI	Contribution ID # 0085
Residential Street Address 17 Pine Meadow Rd	City Rocky Hill	State CT	Zip Code 06067-1047
Principal Occupation RETIRED	Name of Employer LAST: AETNA LIFE AND CASUALTY		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/21/2017	Aggregate Contributions \$200.00
			Amount of Contribution \$200.00

Last Name Buss	First Elaine	MI	Contribution ID # 0086
Residential Street Address 31 Bush Ave	City Greenwich	State CT	Zip Code 06830-7005
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/21/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Governara	First Joseph	MI	Contribution ID # 0087
Residential Street Address 110 White Rock Rd Apt 3108	City Verona	State NJ	Zip Code 07044-1525
Principal Occupation Self Employed	Name of Employer BlueCrest Recovery Center		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/21/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Taylor	First Bernard	MI	Contribution ID # 0081
Residential Street Address 1838 E Gate Dr	City Stone Mountain	State GA	Zip Code 30087-1911
Principal Occupation Attorney	Name of Employer Alston & Bird		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/21/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Burke	First Kelly	MI	Contribution ID # 0126
Residential Street Address 708 Westwood Dr	City Raleigh	State NC	Zip Code 27607-6643
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/21/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Burke	First Karen	MI	Contribution ID # 0070
Residential Street Address 708 Westwood Dr	City Raleigh	State NC	Zip Code 27607-6643
Principal Occupation Swim Safe, LLC	Name of Employer self-employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/21/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Blank	First Alex	MI	Contribution ID # 0068
Residential Street Address 11 Bolling Pl	City Greenwich	State CT	Zip Code 06830-6537
Principal Occupation Manager	Name of Employer Twelve Percent Imports		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/22/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Budd	First Aviva	MI	Contribution ID # 0069
Residential Street Address 215 Ocean Dr W	City Stamford	State CT	Zip Code 06902-8005
Principal Occupation Retired attorney	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/22/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Oshana	First Magdalena	MI	Contribution ID # 0072
Residential Street Address 15 E Putnam Ave # 169	City Greenwich	State CT	Zip Code 06830-5424
Principal Occupation Homemaker	Name of Employer Self Employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/22/2017	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Bhargava	First Vandana	MI	Contribution ID # 0076
Residential Street Address 262 Patriot Hill Dr	City Basking Ridge	State NJ	Zip Code 07920-4218
Principal Occupation MarketIng Exec	Name of Employer Bayer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/22/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Watson	First Heather	MI	Contribution ID # 0078
Residential Street Address 7 Hervey St .	City Greenwich	State CT	Zip Code 06830
Principal Occupation Director	Name of Employer Greenwich Suzuki Academy		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/22/2017	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Hession	First Richard	MI	Contribution ID # 0079
Residential Street Address 247 Overpeck Ave	City Ridgefield Park	State NJ	Zip Code 07660-1219
Principal Occupation Executive	Name of Employer BlueCrest Recovery Center		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/22/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Thomas	First Lisa	MI	Contribution ID # 0080
Residential Street Address 255 Geraldine Dr	City Coventry	State CT	Zip Code 06238-1331
Principal Occupation professional educator	Name of Employer Windsor Board of Education		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/22/2017	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Chao	First Christine	MI	Contribution ID # 0063
Residential Street Address 54 Willowmere Cir	City Riverside	State CT	Zip Code 06878-2515
Principal Occupation Lawyer	Name of Employer self-employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/22/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Oshana</b>	First <b>Samuel</b>	MI	Contribution ID # <b>0088</b>
Residential Street Address <b>15 E Putnam Ave # 169</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06830-5424</b>
Principal Occupation <b>Self Employed</b>	Name of Employer <b>Self Employed</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>09/22/2017</b>	Aggregate Contributions <b>\$250.00</b>
		Amount of Contribution <b>\$250.00</b>	

Last Name <b>Danna</b>	First <b>Mychael</b>	MI	Contribution ID # <b>0089</b>
Residential Street Address <b>2758 Hollyview Ct</b>	City <b>Los Angeles</b>	State <b>CA</b>	Zip Code <b>90068-3088</b>
Principal Occupation <b>Music producer</b>	Name of Employer <b>Soft Pedal Inc.</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>09/22/2017</b>	Aggregate Contributions <b>\$375.00</b>
		Amount of Contribution <b>\$375.00</b>	

Last Name <b>Gates</b>	First <b>Rozanne</b>	MI	Contribution ID # <b>0090</b>
Residential Street Address <b>277A North Ave</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880-1325</b>
Principal Occupation <b>Writer</b>	Name of Employer <b>Self</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>09/22/2017</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>Myers</b>	First <b>Julie</b>	MI	Contribution ID # <b>0091</b>
Residential Street Address <b>246 Manhattan Ave Apt 3A</b>	City <b>New York</b>	State <b>NY</b>	Zip Code <b>10026-4069</b>
Principal Occupation <b>Physician</b>	Name of Employer <b>NYC DOHMH</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>09/23/2017</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Bhargava</b>	First <b>Rajeev</b>	MI	Contribution ID # <b>0092</b>
Residential Street Address <b>445 Rivergate Dr</b>	City <b>Richmond</b>	State <b>VA</b>	Zip Code <b>23238-6421</b>
Principal Occupation <b>Engineer</b>	Name of Employer <b>Self Employed</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>09/24/2017</b>	Aggregate Contributions <b>\$375.00</b>
		Amount of Contribution <b>\$375.00</b>	

Last Name <b>Goel</b>	First <b>Anand</b>	MI	Contribution ID # <b>0093</b>
Residential Street Address <b>655 Coley Oaks Ct</b>	City <b>Sandy Springs</b>	State <b>GA</b>	Zip Code <b>30350-5558</b>
Principal Occupation <b>Consultant</b>	Name of Employer <b>Optimized Payments Consulting, Inc.</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>09/24/2017</b>	Aggregate Contributions <b>\$250.00</b>
		Amount of Contribution <b>\$250.00</b>	

Last Name <b>Bhargava</b>	First <b>Indu</b>	MI	Contribution ID # <b>0097</b>
Residential Street Address <b>1702 Tunbridge Dr</b>	City <b>Henrico</b>	State <b>VA</b>	Zip Code <b>23238-4127</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>None</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b><u>09242017A</u></b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received <b>09/24/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Challa</b>	First <b>Chandrashekar</b>	MI	Contribution ID # <b>0098</b>
Residential Street Address <b>616 Joe Brooke Ln</b>	City <b>Manakin Sabot</b>	State <b>VA</b>	Zip Code <b>23103-3168</b>
Principal Occupation <b>IT Consultant</b>	Name of Employer <b>Sapthagiri Consulting</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b><u>09242017A</u></b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received <b>09/24/2017</b>	Aggregate Contributions <b>\$200.00</b>
		Amount of Contribution <b>\$200.00</b>	



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

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

**B. Itemized Contributions from Individuals**

Last Name Chiplunkar	First Probodh	MI	Contribution ID # 0099
Residential Street Address 639 Walsing Dr	City Henrico	State VA	Zip Code 23229-8136
Principal Occupation IT Consultant	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>09242017A</u>		Date Received 09/24/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Choudhary	First Yuvraj	MI	Contribution ID # 0100
Residential Street Address 11100 Grey Oaks Estates Ct	City Glen Allen	State VA	Zip Code 23059-5782
Principal Occupation Doctor	Name of Employer Other		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>09242017A</u>		Date Received 09/24/2017	Aggregate Contributions \$200.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$200.00	

Last Name Dhingra	First Vijay	MI	Contribution ID # 0101
Residential Street Address 11303 Garden View Pt	City Midlothian	State VA	Zip Code 23113-1410
Principal Occupation Pharmacist	Name of Employer Other		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>09242017A</u>		Date Received 09/24/2017	Aggregate Contributions \$101.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$101.00	

Last Name Gupta	First Rakesh	MI	Contribution ID # 0102
Residential Street Address 11420 Hunton Ridge Ln	City Glen Allen	State VA	Zip Code 23059-4680
Principal Occupation Retired	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>09242017A</u>		Date Received 09/24/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

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

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

**B. Itemized Contributions from Individuals**

Last Name Jain	First Geeta	MI	Contribution ID # 0103
Residential Street Address 3309 Lavecchia Way	City Glen Allen	State VA	Zip Code 23059-4808
Principal Occupation Homemaker	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>09242017A</u>		Date Received 09/24/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Jain	First Kunoor	MI	Contribution ID # 0104
Residential Street Address 5009 Mill Hill Ln	City Chapel Hill	State NC	Zip Code 27517-7443
Principal Occupation Surgeon	Name of Employer Duke		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>09242017A</u>		Date Received 09/24/2017	Aggregate Contributions \$300.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$300.00	

Last Name Kaul	First Chaman	MI	Contribution ID # 0105
Residential Street Address 13403 Castle Hollow Ter	City Midlothian	State VA	Zip Code 23114-4449
Principal Occupation	Name of Employer Other		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>09242017A</u>		Date Received 09/24/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Kaur	First Malvinder	MI	Contribution ID # 0106
Residential Street Address 10438 Gibsons Landing Dr	City Richmond	State VA	Zip Code 23233-3550
Principal Occupation Retail	Name of Employer Department Store		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>09242017A</u>		Date Received 09/24/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

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

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

**B. Itemized Contributions from Individuals**

Last Name Kere	First Sid	MI	Contribution ID # 0107
Residential Street Address 7830 Marilea Rd	City Richmond	State VA	Zip Code 23225-1124
Principal Occupation Retired	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>09242017A</u>		Date Received 09/24/2017	Aggregate Contributions \$200.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$200.00	

Last Name Khanna	First Rajeev	MI	Contribution ID # 0108
Residential Street Address 11408 County Oaks Ct .	City Glen Allen	State VA	Zip Code 23059
Principal Occupation IT	Name of Employer Other		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>09242017A</u>		Date Received 09/24/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Khosla	First Kamal	MI	Contribution ID # 0109
Residential Street Address 13617 Knobhill Ct	City Midlothian	State VA	Zip Code 23114-3326
Principal Occupation Construction	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>09242017A</u>		Date Received 09/24/2017	Aggregate Contributions \$200.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$200.00	

Last Name Kohli	First Ravinder	MI	Contribution ID # 0110
Residential Street Address 14006 Summersedge Ter	City Chesterfield	State VA	Zip Code 23832-2485
Principal Occupation Cardiologist	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>09242017A</u>		Date Received 09/24/2017	Aggregate Contributions \$200.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$200.00	

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

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

**B. Itemized Contributions from Individuals**

Last Name Kukreja	First Rakesh	MI	Contribution ID # 0111
Residential Street Address 2710 Stenwell Blvd	City North Chesterfield	State VA	Zip Code 23236-1574
Principal Occupation	Name of Employer Virginia Commonwealth University		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>09242017A</u>		Date Received 09/24/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Kurup	First Manikoth	MI	Contribution ID # 0112
Residential Street Address 126 Lindenhurst	City Richmond	State VA	Zip Code 23238-6163
Principal Occupation Retired	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>09242017A</u>		Date Received 09/24/2017	Aggregate Contributions \$200.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$200.00	

Last Name Mahato	First Babita	MI	Contribution ID # 0113
Residential Street Address 4317 Allenbend Rd	City Glen Allen	State VA	Zip Code 23060-6519
Principal Occupation Other	Name of Employer Other		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>09242017A</u>		Date Received 09/24/2017	Aggregate Contributions \$200.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$200.00	

Last Name Mishra	First Raj	MI	Contribution ID # 0114
Residential Street Address 12711 Colby Cove Ct	City Chester	State VA	Zip Code 23831-4343
Principal Occupation Retired	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>09242017A</u>		Date Received 09/24/2017	Aggregate Contributions \$200.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$200.00	

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

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

**B. Itemized Contributions from Individuals**

Last Name Patel	First Maya	MI	Contribution ID # 0115
Residential Street Address 255 Pembroke Ln	City Richmond	State VA	Zip Code 23238-6220
Principal Occupation	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>09242017A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/24/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Patrick	First Claire	MI	Contribution ID # 0116
Residential Street Address 2307 Persimmon Trek	City Richmond	State VA	Zip Code 23233-2739
Principal Occupation Executive Search	Name of Employer Executive Search		
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>09242017A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/24/2017
		Aggregate Contributions \$250.00	Amount of Contribution \$250.00

Last Name Popli	First Uma	MI	Contribution ID # 0117
Residential Street Address 11424 Hunton Ridge Ln	City Glen Allen	State VA	Zip Code 23059-4680
Principal Occupation Retired	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>09242017A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/24/2017
		Aggregate Contributions \$200.00	Amount of Contribution \$200.00

Last Name Qui	First Fei	MI	Contribution ID # 0118
Residential Street Address 311 Riverside Ct	City Richmond	State VA	Zip Code 23238-6209
Principal Occupation Owner	Name of Employer Evergreen Enterprise		
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>09242017A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/24/2017
		Aggregate Contributions \$375.00	Amount of Contribution \$375.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Xu	First Ting	MI	Contribution ID # 0119
Residential Street Address 311 Riverside Ct	City Richmond	State VA	Zip Code 23238-6209
Principal Occupation Owner	Name of Employer Evergreen Enterprise		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>09242017A</u>		Date Received 09/24/2017	Aggregate Contributions \$375.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$375.00	

Last Name Pat	First Laj	MI	Contribution ID # 0120
Residential Street Address 2618 Northwind Dr	City Richmond	State VA	Zip Code 23233-3314
Principal Occupation Manager	Name of Employer Computers America, Inc.		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>09242017A</u>		Date Received 09/24/2017	Aggregate Contributions \$200.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$200.00	

Last Name Rao	First Jaikar	MI	Contribution ID # 0121
Residential Street Address 709 Taylors Hill Ct	City Manakin Sabot	State VA	Zip Code 23103-3181
Principal Occupation Retired	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>09242017A</u>		Date Received 09/24/2017	Aggregate Contributions \$150.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$150.00	

Last Name Shah	First Rekha	MI	Contribution ID # 0122
Residential Street Address 2607 Annakay Xing	City Midlothian	State VA	Zip Code 23113-1408
Principal Occupation NA	Name of Employer NA		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>09242017A</u>		Date Received 09/24/2017	Aggregate Contributions \$200.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$200.00	

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

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

**B. Itemized Contributions from Individuals**

Last Name Sood	First Aradhana	MI	Contribution ID # 0123
Residential Street Address 3606 Littlecroft Pl	City Midlothian	State VA	Zip Code 23113-1314
Principal Occupation Psychologist	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>09242017A</u>		Date Received 09/24/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Walia	First Sukhdev	MI	Contribution ID # 0124
Residential Street Address 15113 Fox Branch Ln	City Midlothian	State VA	Zip Code 23112-6555
Principal Occupation NA	Name of Employer NA		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>09242017A</u>		Date Received 09/24/2017	Aggregate Contributions \$200.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$200.00	

Last Name Wilkins	First Olga	MI	Contribution ID # 0125
Residential Street Address 12020 Amberwood Ln	City Glen Allen	State VA	Zip Code 23059-7536
Principal Occupation Administrator	Name of Employer VA Endoscopy Group		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>09242017A</u>		Date Received 09/24/2017	Aggregate Contributions \$150.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$150.00	

Last Name Nadkarni	First Girish	MI	Contribution ID # 0077
Residential Street Address 15 Walker Ln	City Weston	State CT	Zip Code 06883-1939
Principal Occupation Business	Name of Employer Total S.A.		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 09/24/2017	Aggregate Contributions \$375.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$375.00	

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>BHARGAVA</b>	First <b>DIVAKAR</b>	MI	Contribution ID # <b>0073</b>
Residential Street Address <b>11441 Barrington Bridge Ct</b>	City <b>Henrico</b>	State <b>VA</b>	Zip Code <b>23233-1753</b>
Principal Occupation <b>ENGINEER</b>	Name of Employer <b>DOMINION ENERGY</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>09/24/2017</b>	Aggregate Contributions <b>\$375.00</b>
		Amount of Contribution <b>\$375.00</b>	

Last Name <b>Bhargava</b>	First <b>Neil</b>	MI <b>A</b>	Contribution ID # <b>0071</b>
Residential Street Address <b>333 E 119th St Apt 5A</b>	City <b>New York</b>	State <b>NY</b>	Zip Code <b>10035-4276</b>
Principal Occupation <b>Consultant</b>	Name of Employer <b>Accenture</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>09/24/2017</b>	Aggregate Contributions <b>\$375.00</b>
		Amount of Contribution <b>\$375.00</b>	

Last Name <b>Iscoll</b>	First <b>Jill</b>	MI	Contribution ID # <b>0066</b>
Residential Street Address <b>63 Lyndel Rd</b>	City <b>Pound Ridge</b>	State <b>NY</b>	Zip Code <b>10576-1204</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>09/24/2017</b>	Aggregate Contributions <b>\$375.00</b>
		Amount of Contribution <b>\$375.00</b>	

Last Name <b>Bhargava</b>	First <b>Harsh</b>	MI	Contribution ID # <b>0067</b>
Residential Street Address <b>41 Andover Dr</b>	City <b>Kendall Park</b>	State <b>NJ</b>	Zip Code <b>08824-7005</b>
Principal Occupation <b>President</b>	Name of Employer <b>Bankworld Inc</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>09/25/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	



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

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

**B. Itemized Contributions from Individuals**

Last Name Patel	First Minerva	MI	Contribution ID # 0074
Residential Street Address 95 Church St Ste 308	City White Plains	State NY	Zip Code 10601-1521
Principal Occupation Pediatric Dentist	Name of Employer Westchester Pediatric Dentistry, PC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/25/2017	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Martinez	First Ruben	MI	Contribution ID # 0075
Residential Street Address 7624 Tecoma Cir Apt 9205	City Austin	State TX	Zip Code 78735-0051
Principal Occupation Program Manager	Name of Employer Facebook		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/25/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Beyer	First David	MI	Contribution ID # 0064
Residential Street Address 10 W 86th St	City New York	State NY	Zip Code 10024-3606
Principal Occupation Financial Advisor	Name of Employer Morgan Stanley		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/25/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Pelletier	First Ernest	MI	Contribution ID # 0065
Residential Street Address 9610 Chukar Cir	City Austin	State TX	Zip Code 78758-6252
Principal Occupation Sales	Name of Employer Integrity Software		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/25/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Friedrich	First Lisa	MI	Contribution ID # 0094
Residential Street Address 9610 Chukar Cir	City Austin	State TX	Zip Code 78758-6252
Principal Occupation Marketing	Name of Employer IBM		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 09/25/2017	Aggregate Contributions \$375.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$375.00	

Last Name Riady	First Tiffany	MI	Contribution ID # 0095
Residential Street Address 445 E 86th St Apt 6J	City New York	State NY	Zip Code 10028-6445
Principal Occupation Wealth Management Associate	Name of Employer Morgan Stanley		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 09/25/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Willsen	First Kate	MI	Contribution ID # 0096
Residential Street Address 1401 Cross Bay Blvd	City Broad Channel	State NY	Zip Code 11693-1221
Principal Occupation Client service associate	Name of Employer Morgan Stanley		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 09/25/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Hacioglu	First Tricia	MI	Contribution ID # 0131
Residential Street Address 3982 Oak Hollow Cir	City Westlake Village	State CA	Zip Code 91362-4222
Principal Occupation Mother	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 09/25/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

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

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

**B. Itemized Contributions from Individuals**

Last Name Gordon	First Ilse	MI	Contribution ID # 0128
Residential Street Address 163 Cognewaugh Rd	City Cos Cob	State CT	Zip Code 06807-1505
Principal Occupation artist	Name of Employer self		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/25/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Hauser	First Debra	MI	Contribution ID # 0129
Residential Street Address 12 Buell Ct	City Clinton	State CT	Zip Code 06413-2602
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/25/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Graneto	First Douglas	MI	Contribution ID # 0143
Residential Street Address 61 Ridgeview Ave	City Greenwich	State CT	Zip Code 06830-4755
Principal Occupation Interior Designer	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/25/2017	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Gilbert	First Meera	MI	Contribution ID # 0160
Residential Street Address 33 Club Rd	City Riverside	State CT	Zip Code 06878-2002
Principal Occupation Self Employed - Recruiter	Name of Employer Self Employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/25/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Vishnubhakat	First Vanita	MI	Contribution ID # 0190
Residential Street Address 2 Hewlett Dr	City Old Westbury	State NY	Zip Code 11568
Principal Occupation Associate	Name of Employer Morgan Stanley		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 09/25/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Landgraf	First Mae	MI	Contribution ID # 0191
Residential Street Address 247 Overpeck Ave	City Ridgefield Park	State NJ	Zip Code 07660-1219
Principal Occupation Marketing	Name of Employer BlueCrest Recovery Center		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 09/25/2017	Aggregate Contributions \$375.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$375.00	

Last Name Spisak-Moutinho	First Suzanne	MI	Contribution ID # 0192
Residential Street Address 634 Wheeler Rd	City Monroe	State CT	Zip Code 06468-3233
Principal Occupation Event planner	Name of Employer self employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 09/25/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Pegus	First Cheryl	MI	Contribution ID # 0193
Residential Street Address 1121 Bethlehem Pike # 60-284	City Spring House	State PA	Zip Code 19477-1102
Principal Occupation Physician	Name of Employer Caluent		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 09/25/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

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

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

**B. Itemized Contributions from Individuals**

Last Name Gilbert	First Andrew	MI	Contribution ID # 0194
Residential Street Address 33 Club Rd	City Riverside	State CT	Zip Code 06878-2002
Principal Occupation Investor	Name of Employer Self Employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/25/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Gangoli	First Gauri	MI	Contribution ID # 0195
Residential Street Address 16 Willing Way	City Malvern	State PA	Zip Code 19355-2202
Principal Occupation Exec. Direvtor	Name of Employer EPIDA		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/25/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Dugger	First Lee	MI	Contribution ID # 0196
Residential Street Address 42 W 13th St Apt 1C	City New York	State NY	Zip Code 10011-7921
Principal Occupation Deputy Director of Development	Name of Employer Clinton Foundation		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/25/2017	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Jain	First Saras	MI	Contribution ID # 0226
Residential Street Address 360 Slater St	City South Windsor	State CT	Zip Code 06074-3833
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/25/2017	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Pelletier	First Rae	MI	Contribution ID # 0179
Residential Street Address 596 Sierra Vista Ln	City Valley Cottage	State NY	Zip Code 10989-2713
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 09/25/2017	Aggregate Contributions \$375.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$375.00	

Last Name Clarke	First Susan	MI	Contribution ID # 0185
Residential Street Address 353 Moose Hill Rd	City Monroe	State CT	Zip Code 06468-2412
Principal Occupation Investor	Name of Employer Self Employed		
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 09/25/2017	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Goel	First Ritu	MI	Contribution ID # 0172
Residential Street Address 80 Cornerstone Dr	City South Windsor	State CT	Zip Code 06074-2399
Principal Occupation Realtor	Name of Employer Self Employed		
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 09/26/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Willis	First Robert	MI	Contribution ID # 0197
Residential Street Address 9967 Villa Rica Hwy	City Villa Rica	State GA	Zip Code 30180-3601
Principal Occupation Manager	Name of Employer Alberici		
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 09/26/2017	Aggregate Contributions \$250.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$250.00	

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

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

**B. Itemized Contributions from Individuals**

Last Name Willis	First Lisa	MI	Contribution ID # 0198
Residential Street Address 9967 Villa Rica Hwy	City Villa Rica	State GA	Zip Code 30180-3601
Principal Occupation Executive	Name of Employer Willis Professional Services, Inc.		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 09/26/2017	Aggregate Contributions \$250.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$250.00	

Last Name Rajkumar	First Priya	MI	Contribution ID # 0199
Residential Street Address 9 Founders Way	City Colchester	State CT	Zip Code 06415-1785
Principal Occupation Physician	Name of Employer Self Employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 09/26/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Rajkumar	First Michael	MI	Contribution ID # 0200
Residential Street Address 9 Founders Way	City Colchester	State CT	Zip Code 06415-1785
Principal Occupation Physician	Name of Employer Self Employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 09/26/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Vidwans	First Malavika	MI	Contribution ID # 0201
Residential Street Address 1 Stratford Rd	City Farmington	State CT	Zip Code 06032-1444
Principal Occupation Pathologist	Name of Employer Dianon Systems, Labcorp		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 09/26/2017	Aggregate Contributions \$200.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$200.00	

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

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

**B. Itemized Contributions from Individuals**

Last Name Kuppuswamy	First Nanda	MI	Contribution ID # 0202
Residential Street Address 78 Sheephill Rd	City Riverside	State CT	Zip Code 06878-1417
Principal Occupation Not Employed	Name of Employer Not Employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/26/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Marchand	First Donat	MI	Contribution ID # 0203
Residential Street Address 87 Birch Ln	City Greenwich	State CT	Zip Code 06830-3912
Principal Occupation Attorney	Name of Employer Ivey Barnum & O'Mara, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/26/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Marchand	First Donat	MI	Contribution ID # 0204
Residential Street Address 87 Birch Ln	City Greenwich	State CT	Zip Code 06830-3912
Principal Occupation Attorney	Name of Employer Ivey Barnum & O'Mara, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/26/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Krantz	First Kelsey	MI	Contribution ID # 0205
Residential Street Address 20 Bush Ave	City Greenwich	State CT	Zip Code 06830-7006
Principal Occupation Student	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/26/2017	Aggregate Contributions \$15.00
			Amount of Contribution \$15.00



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

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

**B. Itemized Contributions from Individuals**

Last Name Subrahmanyam	First Ratna	MI	Contribution ID # 0206
Residential Street Address 52 Blackberry Dr	City Stamford	State CT	Zip Code 06903-1205
Principal Occupation Executive	Name of Employer General Electric		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/26/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Iscol	First Kiva	MI	Contribution ID # 0161
Residential Street Address 63 Lyndel Rd	City Pound Ridge	State NY	Zip Code 10576
Principal Occupation Investment and Non-Profit	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/26/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Cameron	First Keri	MI	Contribution ID # 0135
Residential Street Address 11 Quintard Ave	City Old Greenwich	State CT	Zip Code 06870-2105
Principal Occupation none	Name of Employer none		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/26/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Harubin	First Jason	MI	Contribution ID # 0136
Residential Street Address 120 Topsail Mall	City Marina Del Rey	State CA	Zip Code 90292-7261
Principal Occupation Unemployed	Name of Employer Unemployed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/26/2017	Aggregate Contributions \$200.00
			Amount of Contribution \$200.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Dulock	First Paul	MI	Contribution ID # 0137
Residential Street Address Palmer Ave, Apt 3P	City New Rochelle	State NY	Zip Code 10801
Principal Occupation Financial Advisor	Name of Employer Citigroup		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/26/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Garrett	First Seth	MI	Contribution ID # 0132
Residential Street Address 14 Euclid Ave Apt 203	City Summit	State NJ	Zip Code 07901-2199
Principal Occupation FX Trader	Name of Employer Edgewater Markets		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/26/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Narula	First Tarun	MI	Contribution ID # 0133
Residential Street Address 1 Brenner Rd	City Wilton	State CT	Zip Code 06897-4701
Principal Occupation Restaurant Business	Name of Employer The Mumbai times Indian Cuisine		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/26/2017	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Mathur	First Madhu	MI	Contribution ID # 0138
Residential Street Address 104 River W	City Greenwich	State CT	Zip Code 06831-4100
Principal Occupation Physician	Name of Employer Lifestyle Medicine Center		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/27/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Bhargava</b>	First <b>Shobhana</b>	MI	Contribution ID # <b>0148</b>
Residential Street Address <b>77 Havemeyer Ln Unit 303</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06902-2164</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>09/27/2017</b>	Aggregate Contributions <b>\$375.00</b>
		Amount of Contribution <b>\$375.00</b>	

Last Name <b>Shultz</b>	First <b>Valarie</b>	MI	Contribution ID # <b>0149</b>
Residential Street Address <b>9 Faith Ln</b>	City <b>Danbury</b>	State <b>CT</b>	Zip Code <b>06810-7122</b>
Principal Occupation <b>CEO</b>	Name of Employer <b>Urban League</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>09/27/2017</b>	Aggregate Contributions <b>\$250.00</b>
		Amount of Contribution <b>\$250.00</b>	

Last Name <b>Eichenberg</b>	First <b>Karina</b>	MI	Contribution ID # <b>0158</b>
Residential Street Address <b>33 Whipoorwill Lake Rd</b>	City <b>Chappaqua</b>	State <b>NY</b>	Zip Code <b>10514-2313</b>
Principal Occupation <b>Investor Relations</b>	Name of Employer <b>Tudor Investment Corporation</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>09/27/2017</b>	Aggregate Contributions <b>\$150.00</b>
		Amount of Contribution <b>\$150.00</b>	

Last Name <b>Laroia</b>	First <b>Ajit</b>	MI	Contribution ID # <b>0166</b>
Residential Street Address <b>31 Fairway Ln</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06830-4011</b>
Principal Occupation <b>retired</b>	Name of Employer <b>n/a</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>09/27/2017</b>	Aggregate Contributions <b>\$200.00</b>
		Amount of Contribution <b>\$200.00</b>	

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

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

**B. Itemized Contributions from Individuals**

Last Name Jaiswal	First Valerie	MI	Contribution ID # 0167
Residential Street Address 5 Harkim Rd .	City Greenwich	State CT	Zip Code 06831
Principal Occupation Head of FP&A	Name of Employer Regeneron Pharmaceuticals		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/27/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Jaiswal	First Hemant	MI	Contribution ID # 0168
Residential Street Address 5 Harkim Rd .	City Greenwich	State CT	Zip Code 06831
Principal Occupation Managing Director	Name of Employer VerticalRelevance		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/27/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Lux	First Renee	MI	Contribution ID # 0207
Residential Street Address 40 Cliffdale Rd	City Greenwich	State CT	Zip Code 06831-2928
Principal Occupation Self Employed	Name of Employer Self Employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/27/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Mathur	First Vikas	MI	Contribution ID # 0208
Residential Street Address 108 Glenville Rd	City Greenwich	State CT	Zip Code 06831-4434
Principal Occupation Business Manager	Name of Employer Lifestyle Medicine Center		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/27/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Southworth	First Fran	MI	Contribution ID # 0209
Residential Street Address 35 Cavalry Rd	City Westport	State CT	Zip Code 06880-1402
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/27/2017	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Southworth	First Jeff	MI	Contribution ID # 0210
Residential Street Address 35 Cavalry Rd	City Westport	State CT	Zip Code 06880-1402
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/27/2017	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Sheridan	First Suzanne	MI	Contribution ID # 0211
Residential Street Address 277A N Ave Red Carriage House	City Westport	State CT	Zip Code 06880-1325
Principal Occupation Photographer, Musician	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/27/2017	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name McCabe	First Cayce	MI	Contribution ID # 0212
Residential Street Address 5014 Arkansas Ave NW	City Washington	State CT	Zip Code 20011-6935
Principal Occupation Media Consultant	Name of Employer Putnam Partners		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/27/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Bradley</b>	First <b>Marc</b>	MI	Contribution ID # <b>0170</b>
Residential Street Address <b>10 Ashton Dr</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06831-3762</b>
Principal Occupation <b>Fundraiser</b>	Name of Employer <b>Self Employed</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>09/27/2017</b>	Aggregate Contributions <b>\$370.00</b>
		Amount of Contribution <b>\$370.00</b>	

Last Name <b>Schamberg</b>	First <b>Neal</b>	MI	Contribution ID # <b>0176</b>
Residential Street Address <b>29 Old Orchard Rd</b>	City <b>Riverside</b>	State <b>CT</b>	Zip Code <b>06878-1006</b>
Principal Occupation <b>Physician</b>	Name of Employer <b>Center for GI Medicine</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>09/27/2017</b>	Aggregate Contributions <b>\$200.00</b>
		Amount of Contribution <b>\$200.00</b>	

Last Name <b>Walker</b>	First <b>Catherine</b>	MI	Contribution ID # <b>0182</b>
Residential Street Address <b>6 Melwood Ln</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880-2809</b>
Principal Occupation <b>Business Consultant</b>	Name of Employer <b>BREITLANE</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>09282017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>09/27/2017</b>	Aggregate Contributions <b>\$375.00</b>
		Amount of Contribution <b>\$375.00</b>	

Last Name <b>Hess</b>	First <b>Juliana</b>	MI	Contribution ID # <b>0178</b>
Residential Street Address <b>60 Edgewater Commons Ln</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880-6147</b>
Principal Occupation <b>Consultant</b>	Name of Employer <b>Self</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>09/27/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

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

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

**B. Itemized Contributions from Individuals**

Last Name Kaplowitz	First Jan	MI	Contribution ID # 0189
Residential Street Address 215 Shelter Rock Rd	City Stamford	State CT	Zip Code 06903-3524
Principal Occupation Physician	Name of Employer Jan Kaplowitz Chiropractor & Wellness		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/27/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Stirling	First Kelann	MI	Contribution ID # 0180
Residential Street Address 10 Ashton Dr	City Greenwich	State CT	Zip Code 06831-3762
Principal Occupation Attorney	Name of Employer Latham & Watkins		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017
		Aggregate Contributions \$375.00	Amount of Contribution \$375.00

Last Name Crowder	First Rupica	MI	Contribution ID # 0164
Residential Street Address 506 Athens St	City Altadena	State CA	Zip Code 91001-1604
Principal Occupation housewife	Name of Employer Ms.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017
		Aggregate Contributions \$25.00	Amount of Contribution \$25.00

Last Name Kim	First Christine	MI	Contribution ID # 0165
Residential Street Address 49 Frontier Rd	City Cos Cob	State CT	Zip Code 06807-1209
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Richards	First Janice	MI	Contribution ID # 0175
Residential Street Address 41 Frontier Rd	City Cos Cob	State CT	Zip Code 06807-1208
Principal Occupation Not Employed	Name of Employer Not Employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$150.00
			Amount of Contribution \$150.00

Last Name Mehta	First Chaitanya	MI	Contribution ID # 0213
Residential Street Address 12706 Bay Hill Dr	City Chester	State VA	Zip Code 23836-2680
Principal Occupation Self Employed Insurance Agent	Name of Employer Sakha Svcs Inc DBA Allcoverage Insurance		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$200.00
			Amount of Contribution \$200.00

Last Name PELLETIER	First ALEXANDER	MI	Contribution ID # 0214
Residential Street Address 596 Sierra Vista Ln	City Valley Cottage	State NY	Zip Code 10989-2713
Principal Occupation NONE	Name of Employer NONE		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Khanna	First Kumkum	MI	Contribution ID # 0215
Residential Street Address 5741 Oak Mill Ct	City Glen Allen	State VA	Zip Code 23059-6986
Principal Occupation Retired	Name of Employer Widowed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$200.00
			Amount of Contribution \$200.00



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

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

**B. Itemized Contributions from Individuals**

Last Name BHARGAVA	First Pushpa	MI	Contribution ID # 0216
Residential Street Address 83 Constitution Way	City Somerset	State NJ	Zip Code 08873-7411
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Young	First Adrienne	MI	Contribution ID # 0217
Residential Street Address 6414 Belfield Ave	City Philadelphia	State PA	Zip Code 19119-3906
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Hooja	First Anupum	MI	Contribution ID # 0218
Residential Street Address 44 Apple Tree Dr	City Stamford	State CT	Zip Code 06906-1501
Principal Occupation Software Teck	Name of Employer City of Stamford		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Khosla	First Natasha	MI	Contribution ID # 0219
Residential Street Address 19 Robin Hill Rd	City Scarsdale	State NY	Zip Code 10583-2607
Principal Occupation Physician	Name of Employer WESTMED		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Pelletier	First Ernest	MI	Contribution ID # 0220
Residential Street Address 1000 Fanfare Way Apt 5213	City Alpharetta	State GA	Zip Code 30009-5512
Principal Occupation NONE	Name of Employer NONE		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Berg	First Peter	MI	Contribution ID # 0221
Residential Street Address 28 Dandy Dr	City Cos Cob	State CT	Zip Code 06807-2203
Principal Occupation Retired	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Snyder	First Donald	MI	Contribution ID # 0222
Residential Street Address 12 Wildwood Dr	City Greenwich	State CT	Zip Code 06830-6728
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Shang	First Jane	MI	Contribution ID # 0223
Residential Street Address 10 Mountain Wood Dr	City Greenwich	State CT	Zip Code 06830-3335
Principal Occupation unemployed	Name of Employer self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Shah</b>	First <b>Sarah</b>	MI	Contribution ID # <b>0224</b>
Residential Street Address <b>14 Homestead Rd</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06831-4223</b>
Principal Occupation <b>Marketing</b>	Name of Employer <b>Maya Kaimal Fine Indian Foods</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>09/28/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Evans</b>	First <b>Melissa</b>	MI	Contribution ID # <b>0225</b>
Residential Street Address <b>12 Rockland Pl</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06831-5114</b>
Principal Occupation <b>Traffic Operations Coordinator</b>	Name of Employer <b>Town of Greenwich</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>09/28/2017</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>Robertson</b>	First <b>Lora</b>	MI	Contribution ID # <b>0159</b>
Residential Street Address <b>19 Hidden Brook Rd</b>	City <b>Riverside</b>	State <b>CT</b>	Zip Code <b>06878-2303</b>
Principal Occupation <b>retired</b>	Name of Employer <b>retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>09/28/2017</b>	Aggregate Contributions <b>\$375.00</b>
		Amount of Contribution <b>\$375.00</b>	

Last Name <b>Norris</b>	First <b>David</b>	MI	Contribution ID # <b>0145</b>
Residential Street Address <b>8 Wildwood Dr</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06830-6728</b>
Principal Occupation <b>Consulting</b>	Name of Employer <b>David Norris</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>09/28/2017</b>	Aggregate Contributions <b>\$375.00</b>
		Amount of Contribution <b>\$375.00</b>	

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

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

**B. Itemized Contributions from Individuals**

Last Name DeSimone	First Michael	MI	Contribution ID # 0142
Residential Street Address 6 Kenilworth Ter	City Greenwich	State CT	Zip Code 06830-4714
Principal Occupation CEO	Name of Employer Shopkeep Inc.		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Duff	First Mimi	MI	Contribution ID # 0147
Residential Street Address 43 Day Rd	City Greenwich	State CT	Zip Code 06831-2654
Principal Occupation consultant	Name of Employer starling advisors, llc		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$200.00
			Amount of Contribution \$200.00

Last Name Ramanan	First Prasad	MI	Contribution ID # 0156
Residential Street Address 19 Wescott St	City Riverside	State CT	Zip Code 06878-1409
Principal Occupation Portfolio Manager	Name of Employer Ergoteles Capital		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Fishman	First Andrew	MI	Contribution ID # 0150
Residential Street Address 2 Larch Tree Ln	City Westport	State CT	Zip Code 06880-1120
Principal Occupation Staff Assistant	Name of Employer US Senate		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Bhargava</b>	First <b>Hansa</b>	MI	Contribution ID # <b>0151</b>
Residential Street Address <b>2365 Sagamore Hills Dr</b>	City <b>Decatur</b>	State <b>GA</b>	Zip Code <b>30033-1216</b>
Principal Occupation <b>Physician</b>	Name of Employer <b>WebMD</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>09/28/2017</b>	Aggregate Contributions <b>\$375.00</b>
		Amount of Contribution <b>\$375.00</b>	

Last Name <b>Yadav</b>	First <b>Sandeep</b>	MI	Contribution ID # <b>0152</b>
Residential Street Address <b>2365 Sagamore Hills Dr</b>	City <b>Decatur</b>	State <b>GA</b>	Zip Code <b>30033-1216</b>
Principal Occupation <b>Executive</b>	Name of Employer <b>Self-employed</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>09/28/2017</b>	Aggregate Contributions <b>\$375.00</b>
		Amount of Contribution <b>\$375.00</b>	

Last Name <b>Dhanalal</b>	First <b>Usha</b>	MI	Contribution ID # <b>0153</b>
Residential Street Address <b>40 Terra Nova Cir</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880-4749</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>09/28/2017</b>	Aggregate Contributions <b>\$125.00</b>
		Amount of Contribution <b>\$125.00</b>	

Last Name <b>Sharma</b>	First <b>Janill</b>	MI	Contribution ID # <b>0154</b>
Residential Street Address <b>144 Pond Rd</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06902-1831</b>
Principal Occupation <b>NA</b>	Name of Employer <b>NA</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>09/28/2017</b>	Aggregate Contributions <b>\$375.00</b>
		Amount of Contribution <b>\$375.00</b>	

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

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

**B. Itemized Contributions from Individuals**

Last Name Razanau	First Aliaksei	MI	Contribution ID # 0140
Residential Street Address 10 South St	City Cos Cob	State CT	Zip Code 06807-1618
Principal Occupation Director Finance	Name of Employer American International Group		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Fishman	First Laura	MI	Contribution ID # 0134
Residential Street Address 2 Larch Tree Ln	City Westport	State CT	Zip Code 06880-1120
Principal Occupation Family Therapist	Name of Employer Ms.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>09282017A</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$375.00
		Amount of Contribution \$375.00	

Last Name Korobkin	First Nancy	MI	Contribution ID # 0127
Residential Street Address 37 Hidden Brook Rd	City Riverside	State CT	Zip Code 06878-2304
Principal Occupation Sales	Name of Employer Eileen Fisher		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/29/2017	Aggregate Contributions \$375.00
		Amount of Contribution \$375.00	

Last Name Rosenband	First Jerry	MI	Contribution ID # 0141
Residential Street Address 37 Hidden Brook Rd	City Riverside	State CT	Zip Code 06878-2304
Principal Occupation CPA	Name of Employer Jerry Rosenband CPA PC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/29/2017	Aggregate Contributions \$375.00
		Amount of Contribution \$375.00	

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

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

**B. Itemized Contributions from Individuals**

Last Name Robertson	First Jeffrey	MI	Contribution ID # 0130
Residential Street Address 19 Hidden Brook Rd	City Riverside	State CT	Zip Code 06878-2303
Principal Occupation Digital Billboards Sales	Name of Employer Fliphound LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 09/29/2017	Aggregate Contributions \$375.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$375.00	

Last Name Naslusky	First Flavia	MI	Contribution ID # 0155
Residential Street Address 30 Summit Rd	City Riverside	State CT	Zip Code 06878-2107
Principal Occupation Member	Name of Employer Summit 7 Holdings LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 09/29/2017	Aggregate Contributions \$250.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$250.00	

Last Name Darany	First Tibor	MI	Contribution ID # 0144
Residential Street Address 974 North St	City Greenwich	State CT	Zip Code 06831-2845
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 09/29/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Vardis	First Theodora	MI	Contribution ID # 0169
Residential Street Address 24 Nutmeg Dr	City Greenwich	State CT	Zip Code 06831-3211
Principal Occupation Banker	Name of Employer Citibank		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 09/29/2017	Aggregate Contributions \$350.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$350.00	

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

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

**B. Itemized Contributions from Individuals**

Last Name Walker	First Colin	MI	Contribution ID # 0227
Residential Street Address 6 Melwood Ln	City Westport	State CT	Zip Code 06880-2809
Principal Occupation Actor	Name of Employer Self Employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/29/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Anwar	First Anwar	MI	Contribution ID # 0228
Residential Street Address 93 Rockledge Dr	City South Windsor	State CT	Zip Code 06074-1550
Principal Occupation Physician	Name of Employer NEPA, LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/29/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Mangiacopra	First Vincent	MI	Contribution ID # 0229
Residential Street Address 8 Thistle	City Norwalk	State CT	Zip Code 06851
Principal Occupation Director of Business Development	Name of Employer Center for Vein Restoration		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/29/2017	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Bee	First Jen	MI	Contribution ID # 0230
Residential Street Address 173 Woodcrest Ave	City Stratford	State CT	Zip Code 06614-4837
Principal Occupation n/a	Name of Employer unemployed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/29/2017	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00



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

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

**B. Itemized Contributions from Individuals**

Last Name McCann	First Brenna	MI	Contribution ID # 0231
Residential Street Address 22 Spring St Unit 1	City Greenwich	State CT	Zip Code 06830-6129
Principal Occupation Registered nurse	Name of Employer Memorial Sloan Kettering		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 09/29/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name French	First Marjorie	MI	Contribution ID # 0232
Residential Street Address 720 Milton Rd Apt E4	City Rye	State NY	Zip Code 10580-3269
Principal Occupation Non-profit Management	Name of Employer India Cultural Center of Greenwich		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 09/29/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Nanavati	First Mrudula	MI	Contribution ID # 0233
Residential Street Address 8 Edith Pl	City Cheshire	State CT	Zip Code 06410-2969
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 09/29/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Sachdeva	First Baldev	MI	Contribution ID # 0234
Residential Street Address 68 Carriage Hill Dr	City Niantic	State CT	Zip Code 06357-1302
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 09/29/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

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

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

**B. Itemized Contributions from Individuals**

Last Name Kimmel	First Henry	MI	Contribution ID # 0235
Residential Street Address 1769 N Akin Dr NE	City Atlanta	State GA	Zip Code 30345-3947
Principal Occupation Mediator	Name of Employer Henry W. Kimmel, Esq., Mediation Services		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/29/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Borden	First Sara	MI	Contribution ID # 0236
Residential Street Address 28 Pheasant Hill Rd	City Weston	State CT	Zip Code 06883-2435
Principal Occupation Homemaker	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/29/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Hofmann	First Marleine	MI	Contribution ID # 0237
Residential Street Address 7 Stonecliff Rd	City Weston	State CT	Zip Code 06883-1734
Principal Occupation Accountant	Name of Employer Catalytic Group		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/29/2017	Aggregate Contributions \$75.00
		Amount of Contribution \$75.00	

Last Name Jassal	First Poonam	MI	Contribution ID # 0238
Residential Street Address 39 Bulkley Ave N	City Westport	State CT	Zip Code 06880-4113
Principal Occupation Regional Manager	Name of Employer Promega		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/29/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

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

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

**B. Itemized Contributions from Individuals**

Last Name Chouery	First Alexandre	MI	Contribution ID # 0163
Residential Street Address 22 Spring St	City Greenwich	State CT	Zip Code 06830-6129
Principal Occupation Salon owner	Name of Employer Maison D'Alexandre		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/29/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Waldron	First Mary	MI	Contribution ID # 0173
Residential Street Address 2 Rose Ln	City Old Lyme	State CT	Zip Code 06371
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/29/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Simon	First Jonathan	MI	Contribution ID # 0174
Residential Street Address 450 E Putnam Ave .	City Cos Cob	State CT	Zip Code 06807
Principal Occupation Martial Artist	Name of Employer Greenwich Kempo		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/29/2017	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Darnay	First Brita	MI	Contribution ID # 0171
Residential Street Address 974 North St	City Greenwich	State CT	Zip Code 06831-2845
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/29/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Rodriguez</b>	First <b>Alma</b>	MI	Contribution ID # <b>0186</b>
Residential Street Address <b>120 W 183rd St Apt 48</b>	City <b>Bronx</b>	State <b>NY</b>	Zip Code <b>10453-1143</b>
Principal Occupation <b>NA</b>	Name of Employer <b>NA</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>09/29/2017</b>	Aggregate Contributions <b>\$750.00-</b> <b>\$375.00-</b>

Last Name <b>Dilone</b>	First <b>Maria</b>	MI	Contribution ID # <b>0187</b>
Residential Street Address <b>371 Convent Ave Apt E2</b>	City <b>New York</b>	State <b>NY</b>	Zip Code <b>10031-4238</b>
Principal Occupation <b>NA</b>	Name of Employer <b>NA</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>09/29/2017</b>	Aggregate Contributions <b>\$375.00</b> <b>\$375.00</b>

Last Name <b>Bhullar</b>	First <b>Puneet</b>	MI	Contribution ID # <b>0188</b>
Residential Street Address <b>19 Janson Dr</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880-2515</b>
Principal Occupation <b>N/A</b>	Name of Employer <b>N/A</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>09282017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>09/29/2017</b>	Aggregate Contributions <b>\$100.00</b> <b>\$100.00</b>

Last Name <b>Rodriguez</b>	First <b>Alma</b>	MI	Contribution ID # <b>0186</b>
Residential Street Address <b>120 W 183rd St Apt 48</b>	City <b>Bronx</b>	State <b>NY</b>	Zip Code <b>10453-1143</b>
Principal Occupation <b>Cleaning</b>	Name of Employer <b>Catalyn Analytics</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>09/29/2017</b>	Aggregate Contributions <b>\$375.00</b> <b>\$375.00</b>

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>BHARGAVA</b>	First <b>MUDITA</b>	MI	Contribution ID # <b>0183</b>
Residential Street Address <b>502 Cognewaugh Rd</b>	City <b>Cos Cob</b>	State <b>CT</b>	Zip Code <b>06807-1109</b>
Principal Occupation <b>NOT EMPLOYED</b>	Name of Employer <b>NOT EMPLOYED</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>09/30/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Bhargava</b>	First <b>Madhu</b>	MI	Contribution ID # <b>0184</b>
Residential Street Address <b>11441 Barrington Bridge Ct</b>	City <b>Henrico</b>	State <b>VA</b>	Zip Code <b>23233-1753</b>
Principal Occupation <b>Homemaker</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>09/30/2017</b>	Aggregate Contributions <b>\$250.00</b>
		Amount of Contribution <b>\$250.00</b>	

Last Name <b>Nestor</b>	First <b>Samantha</b>	MI	Contribution ID # <b>0181</b>
Residential Street Address <b>8 Humble Ln</b>	City <b>Weston</b>	State <b>CT</b>	Zip Code <b>06883-2509</b>
Principal Occupation <b>Marketing consultant</b>	Name of Employer <b>Chrysanthemum Partners</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>09/30/2017</b>	Aggregate Contributions <b>\$375.00</b>
		Amount of Contribution <b>\$375.00</b>	

Last Name <b>Mendell</b>	First <b>Gary</b>	MI	Contribution ID # <b>0177</b>
Residential Street Address <b>58 Laurel Dr</b>	City <b>Easton</b>	State <b>CT</b>	Zip Code <b>06612-1755</b>
Principal Occupation <b>Non profit</b>	Name of Employer <b>Shatterproof</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>09/30/2017</b>	Aggregate Contributions <b>\$375.00</b>
		Amount of Contribution <b>\$375.00</b>	

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

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

**B. Itemized Contributions from Individuals**

Last Name Martinez	First Bruna	MI	Contribution ID # 0239
Residential Street Address 7624 Tecoma Cir Apt 9205	City Austin	State TX	Zip Code 78735-0051
Principal Occupation Pre-Implementation Specialist	Name of Employer HomeAway		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 09/30/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Charmoy	First Sheila	MI	Contribution ID # 0240
Residential Street Address 75 Northwood Dr	City Easton	State CT	Zip Code 06612-1351
Principal Occupation Attorney	Name of Employer Charmoy & Charmoy		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 09/30/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Sharma	First Savita	MI	Contribution ID # 0241
Residential Street Address 144 Pond Rd	City Stamford	State CT	Zip Code 06902-1831
Principal Occupation Teacher	Name of Employer Bright Horizons		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 09/30/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name CHANG	First WAYNE	MI	Contribution ID # 0242
Residential Street Address 1003 Grand Champion Dr	City Rockville	State MD	Zip Code 20850-6604
Principal Occupation FINANCE	Name of Employer Self Employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 09/30/2017	Aggregate Contributions \$375.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$375.00	

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

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

**B. Itemized Contributions from Individuals**

Last Name Gannon	First Julie	MI	Contribution ID # 0243
Residential Street Address 188 Long Lots Rd	City Westport	State CT	Zip Code 06880-4019
Principal Occupation Art	Name of Employer Unemployed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 09/30/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Rietveld	First Benny	MI	Contribution ID # 0244
Residential Street Address 3435 Ocean Park Blvd	City Santa Monica	State CA	Zip Code 90405-3301
Principal Occupation Musician	Name of Employer Cristalino, Inc		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 09/30/2017	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Gibson	First Sonal	MI	Contribution ID # 0245
Residential Street Address 6 Stone Branch Rd	City Purchase	State NY	Zip Code 10577
Principal Occupation Head of Operations	Name of Employer Assiduous Investments		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 09/30/2017	Aggregate Contributions \$375.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$375.00	

Last Name PELLETIER	First DANIEL	MI	Contribution ID # 0246
Residential Street Address 502 Cognewaugh Rd	City Cos Cob	State CT	Zip Code 06807-1109
Principal Occupation Not Employed	Name of Employer NOT EMPLOYED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 09/30/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

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

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

**B. Itemized Contributions from Individuals**

Last Name Giordano	First Kayla	MI	Contribution ID # 0247
Residential Street Address 127 Old New London Rd	City Salem	State CT	Zip Code 06420-3917
Principal Occupation Loan Associate and Impact Assessmen	Name of Employer Capital for Change		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/30/2017	Aggregate Contributions \$20.00
		Amount of Contribution \$20.00	

Last Name Sharma	First Rahul	MI	Contribution ID # 0248
Residential Street Address 1915 S Dusk Ln	City Greenacres	State WA	Zip Code 99016-7771
Principal Occupation Hotel owner	Name of Employer Self employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/30/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Jadhav	First Gopinath	MI	Contribution ID # 0249
Residential Street Address 9005 Spring Brook Ct	City Richmond	State VA	Zip Code 23229-8140
Principal Occupation Physician	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/30/2017	Aggregate Contributions \$201.00
		Amount of Contribution \$201.00	

Last Name Cocco	First Susan	MI	Contribution ID # 0250
Residential Street Address 513 Branchville Rd	City Ridgefield	State CT	Zip Code 06877-6032
Principal Occupation Advertising	Name of Employer Colangelo		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/30/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	



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

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

**B. Itemized Contributions from Individuals**

Last Name Vasanth	First Lisa	MI	Contribution ID # 0251
Residential Street Address 10945 SW Esquiline Circus	City Portland	State OR	Zip Code 97219-7885
Principal Occupation Physician	Name of Employer The Vancouver Clinic		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/30/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Cowell	First Stephen	MI	Contribution ID # 0252
Residential Street Address 8 Main Rd ., PO	City Tyringham	State MA	Zip Code 01264
Principal Occupation President	Name of Employer E4TheFuture		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/30/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Ryan	First Thomas	MI	Contribution ID # 0253
Residential Street Address 718 E Aloha St , Mailbox #10	City Seattle	State WA	Zip Code 98102-4569
Principal Occupation CSO	Name of Employer Starbucks Coffee Company		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/30/2017	Aggregate Contributions \$375.00
		Amount of Contribution \$375.00	

Last Name PAI	First RAM	MI	Contribution ID # 0254
Residential Street Address 12005 Holman Ln	City Glen Allen	State VA	Zip Code 23059-2504
Principal Occupation RESTAURANT BUSINESS	Name of Employer Self Employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/30/2017	Aggregate Contributions \$200.00
		Amount of Contribution \$200.00	

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

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

**B. Itemized Contributions from Individuals**

Last Name Adalja	First Sunny	MI	Contribution ID # 0255
Residential Street Address 40 Warshaw Pl	City Stamford	State CT	Zip Code 06902-6354
Principal Occupation Executive	Name of Employer Paul's Marble depot		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/30/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Dave	First Ruchi	MI	Contribution ID # 0256
Residential Street Address 2010 Kings Cross Rd	City Alpharetta	State GA	Zip Code 30022-6282
Principal Occupation Business development	Name of Employer Ameriprise		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/30/2017	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Boles	First Sarah	MI	Contribution ID # 0257
Residential Street Address 8 Wildwood Dr	City Greenwich	State CT	Zip Code 06830-6728
Principal Occupation Investor	Name of Employer self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/30/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Jindal	First Nitin	MI	Contribution ID # 0258
Residential Street Address 30 Mallard Dr	City Greenwich	State CT	Zip Code 06830-6710
Principal Occupation Finance	Name of Employer Morgan Stanley		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/30/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Lux	First Sebastian	MI	Contribution ID # 0259
Residential Street Address 40 Cliffdale Rd	City Greenwich	State CT	Zip Code 06831-2928
Principal Occupation VP Logistics	Name of Employer Genuine Origin Coffee Project		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/30/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Doba	First Andrew	MI	Contribution ID # 0260
Residential Street Address 990 North St	City Greenwich	State CT	Zip Code 06831-2845
Principal Occupation Media Strategist	Name of Employer Stu Loeser & Co.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/30/2017	Aggregate Contributions \$150.00
			Amount of Contribution \$150.00

Last Name Laskar	First Shilpi	MI	Contribution ID # 0261
Residential Street Address 2045 Shaudi Ln	City Atlanta	State GA	Zip Code 30345-7606
Principal Occupation Home maker	Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/30/2017	Aggregate Contributions \$75.00
			Amount of Contribution \$75.00

Last Name Garrison	First David	MI	Contribution ID # 0262
Residential Street Address 319 Avenue C Apt 3C	City New York	State NY	Zip Code 10009-1642
Principal Occupation Brand Consultant	Name of Employer The Brytemoore Group		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/30/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Hess	First Frederick	MI	Contribution ID # 0263
Residential Street Address 60 Edgewater Commons Ln	City Westport	State CT	Zip Code 06880-6147
Principal Occupation Consultant	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/30/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Angelopoulos	First Maria	MI	Contribution ID # 0264
Residential Street Address 26 Parkland Dr	City Woodbury	State CT	Zip Code 06798-3637
Principal Occupation Retired	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/30/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Katti	First Suresh	MI	Contribution ID # 0265
Residential Street Address 34 Timberwood Trl	City Hamden	State CT	Zip Code 06514-1157
Principal Occupation Unemployed	Name of Employer Unemployed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/30/2017	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Katti	First Sheela	MI	Contribution ID # 0266
Residential Street Address 34 Timberwood Trl	City Hamden	State CT	Zip Code 06514-1157
Principal Occupation Homemaker	Name of Employer Not Employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/30/2017	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Chaturvedi	First Rama	MI	Contribution ID # 0267
Residential Street Address 39 Beacon St	City Newington	State CT	Zip Code 06111-4703
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/30/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Chaturvedi	First Veena	MI	Contribution ID # 0268
Residential Street Address 39 Beacon St	City Newington	State CT	Zip Code 06111-4703
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 09/30/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Bhargava	First Elizabeth	MI	Contribution ID # 0162
Residential Street Address 333 E 119th St Apt 5A	City New York	State NY	Zip Code 10035-4276
Principal Occupation Attorney	Name of Employer NYS		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/30/2017	Aggregate Contributions \$375.00
		Amount of Contribution \$375.00	

Last Name Ubogy	First George	MI	Contribution ID # 0146
Residential Street Address 319 Cognewaugh Rd	City Cos Cob	State CT	Zip Code 06807-1310
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/30/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Bhargava</b>	First <b>Mallika</b>	MI	Contribution ID # <b>0157</b>
Residential Street Address <b>219 E 76th St Apt 2A</b>	City <b>New York</b>	State <b>NY</b>	Zip Code <b>10021-2175</b>
Principal Occupation <b>Manager</b>	Name of Employer <b>TWENTY-ONE CF</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>09/30/2017</b>	Aggregate Contributions <b>\$100.00</b>
			Amount of Contribution <b>\$100.00</b>

Last Name <b>Moriarty</b>	First <b>Leslie</b>	MI	Contribution ID # <b>0139</b>
Residential Street Address <b>150 Parsonage Rd</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06830-3943</b>
Principal Occupation <b>Community volunteer</b>	Name of Employer <b>none</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>09/30/2017</b>	Aggregate Contributions <b>\$375.00</b>
			Amount of Contribution <b>\$375.00</b>

**Total of Section B****\$53,077.00****TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS** (Sections A + B) (Total on Line 14, Column A of Summary Page)**\$53,077.00****I. MONETARY RECEIPTS (Section A-I)**

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

**C1. Contributions from Other Committees**

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

**Total of Section C1**

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

NAME OF COMMITTEE				TYPE OF REPORT	
Dita for CT				October 10 Filing - Amendment	
<b>C2. Reimbursements or Surplus Distributions from other Committees</b>					
Name of Committee			Name of Treasurer		
Address				Date Received	Amount of Receipt
City	State	Zip Code	Payment Type		
			Reimbursement for shared expense Surplus distribution from exploratory committee		
Expenditure #	Description				
<b>Total of Section C2</b>					

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

NAME OF COMMITTEE				TYPE OF REPORT	
Dita for CT				October 10 Filing - Amendment	
<b>D. Loans Received this Period</b>					
Name of Lender		Source of Loan:			Date of Receipt
		Bank	Candidate	Individual	Other
Street Address		City	State	Zip Code	Is there a cosigner or Guarantor of this loan?  Yes      No
Name of Cosigner/Guarantor (if applicable)					
Street Address		City	State	Zip Code	<b>Amount Received</b>
<b>Total of Section D</b>					

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

NAME OF COMMITTEE	TYPE OF REPORT
Dita for CT	October 10 Filing - Amendment

**E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)**

Date of Receipt	Method of Payment	Amount
	Cash                      Personal Check                      Credit/Debit Card	
<b>Total of Section E</b>		

**I. Monetary Receipts (Section A-I)**

NAME OF COMMITTEE	TYPE OF REPORT
Dita for CT	October 10 Filing - Amendment

**G. Interest from Deposits in Authorized Accounts**

Name of Institution	Date Received	Amount
Street Address	City	State      Zip Code
<b>Total of Section G</b>		

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

NAME OF COMMITTEE	TYPE OF REPORT
Dita for CT	October 10 Filing - Amendment

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

Purpose of Grant:	Grant Cycle:	Date Received	Amount
Initial                      Grant Adjustment	Primary                      General Election                      Special Election		
Supplemental/Post Election Deficit			
<b>Total of Section H</b>			



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

NAME OF COMMITTEE				TYPE OF REPORT	
Dita for CT				October 10 Filing - Amendment	
<b>I. Miscellaneous Monetary Receipts not Considered Contributions</b>					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
<b>Total of Section I</b>					

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

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

**J1. Event Information**

Event # Date of Event 09/24/2017	Letter A	Description Luncheon Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Location: Street Address 11441 Barrington Bridge Ct	City Henrico	State VA	Zip Code 23233
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Was this event hosted at a personal residence?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.
--	---	---

Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
---	---	--

<b>Subpart 1:</b> Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.)	\$0.00
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Event # Date of Event 09/28/2017	Letter A	Description Home Fundraiser	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	-------------	--------------------------------	--

Location: Street Address 2 Larch Tree Ln	City Westport	State CT	Zip Code 06880
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Was this event hosted at a personal residence?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.
--	---	---

Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
---	---	--

<b>Subpart 1:</b> Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.)	\$0.00
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<b>Total of Section J1</b>			<b>\$0.00</b>
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**II. EVENT ACTIVITY (Sections J1 - J4)**

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

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

Name of the Donor

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

**Total of Section J3**

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

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

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

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

**Total of Section J4**

**III. NONMONETARY RECEIPTS (Sections K - L)**

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

**K. In-Kind Contributions**

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

**Total of Section K**

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

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

**L. Refundable Deposit to Telephone Company**

Last Name of Individual	First Name	MI	Date Deposit Made
Residential Street Address	City	State	Zip Code
Name of Telephone company			
Street Address	City	State	Zip Code
Amount of Deposit			

**Total of Section L**

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	October 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee DIANA C. SISLER		Date of Payment 09/16/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>WB000178990</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 338 Bennett St .		City Fairfield	State CT	Zip Code 06825
Purpose of Expend RMB	Description REIMB TREASURER MAILBOX RENTAL & KEY		Amount  \$250.45	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		

Name of Payee <b>USPS</b>		Date of Payment <b>09/18/2017</b>	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <b>357 Commerce Dr</b>		City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825-9998</b>
Purpose of Expend <b>POST</b>	Description <b>POSTAGE STAMPS</b>		Amount  <b><del>\$4.98</del></b>	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		

Name of Payee HARLAND CLARKE-WB DIRECT		Date of Payment 09/20/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1919 Black Rock Tpke		City Fairfield	State CT	Zip Code 06825
Purpose of Expend BNK	Description CHECKBOOK/CHECKS FOR CAMPAIGN CHECKING ACCOUNT		Amount  \$7.25	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		

## IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT
Dita for CT		October 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>		

Name of Payee <b>CLASSIC PARTY RENTALS OF VIRGINIA, INC.</b>		Date of Payment <b>09/26/2017</b>	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <b>9313 Burge Ave.</b>		City <b>Richmond</b>	State <b>VA</b>	Zip Code <b>23237</b>
Purpose of Expend <b>FNDR *</b>	Description <b>RENTAL (TABLES/CHAIRS/LINENS)</b>			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event # <b>09242017A</b>
				<b>\$521.66</b>

Name of Payee DIANA C. SISLER		Date of Payment 09/28/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>101</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 338 Bennett St .		City Fairfield	State CT	Zip Code 06825
Purpose of Expend RMB	Description REIMB MILEAGE & PARKING			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$248.17

Name of Payee MADHU BHARGAVA		Date of Payment 09/28/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>102</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 11441 Barrington Bridge Ct		City Henrico	State VA	Zip Code 23233
Purpose of Expend RMB	Description FUNDRAISER EXPENSES (FOOD, BEVERAGES, ETC.)			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event # 09242017A
				\$284.41

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	October 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee PUTNAM PARTNERS, LLC	Date of Payment 09/29/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>103</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1100 Vermont Ave NW	City Washington	State DC	Zip Code 20005
Purpose of Expend WEB	Description VIDEO PRODUCTION FOR WEB CAMPAIGN LAUNCH (2ND HALF PAYMENT, PER LETTER OF AGREEMENT)	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$5,000.00

Name of Payee DITA BHARGAVA	Date of Payment 09/29/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>104</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 502 Cognewaugh Rd .	City Cos Cob	State CT	Zip Code 06807
Purpose of Expend RMB	Description REIMB CAMPAIGN WEBSITE SETUP FEE - WIX.COM 09/11/17	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$600.00

**Total of Section N****\$6,390.28**

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

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

**O. Expenses Paid By Candidate**

Name of Payee (Name of vendor who candidate paid directly)		Date of Payment	Is Reimbursement Claimed?	
WIX.COM		09/11/2017	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address	City	State	Zip Code	<b>Amount</b>
PO Box 40190	San Francisco	CA	94140-0190	
Purpose of Expenditure (by code)	Description	Event #		\$600.00
WAGE	CAMPAIGN WEBSITE SETUP			
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment	Is Reimbursement Claimed?	
PUTNAM PARTNERS, LLC		09/12/2017	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address	City	State	Zip Code	<b>Amount</b>
1100 Vermont Ave NW	Washington	DC	20005	
Purpose of Expenditure (by code)	Description	Event #		\$5,000.00
WEB	VIDEO PRODUCTION FOR WEB CAMPAIGN LAUNCH (DEPOSIT, ONE-HALF FEE PER LETTER OF AGREEMENT)			
<b>Total of Section O</b>				<b>\$5,600.00</b>



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

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

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution <b>WEBSTER BANK</b>	Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other
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Name of Vendor <b>USPS</b>	Date of Transaction <b>09/18/2017</b>
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Street Address <b>357 Commerce Dr</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825-9998</b>
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Purpose of Expenditure (by code) <b>POST</b>	Description <b>POSTAGE STAMPS</b>	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		<b>\$4.90</b>
	Expenditure # (if applicable)	Event #

Name of Issuing Institution <b>WEBSTER BANK</b>	Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other
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Name of Vendor <b>CLASSIC PARTY RENTALS OF</b>	Date of Transaction <b>09/26/2017</b>
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Street Address <b>9313 Burge Ave .</b>	City <b>Richmond</b>	State <b>VA</b>	Zip Code <b>23237</b>
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Purpose of Expenditure (by code) <b>FNDR *</b>	Description <b>RENTAL (TABLES/CHAIRS/LINENS)</b>	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		<b>\$521.66</b>
	Expenditure # (if applicable)	Event #

**Total of Section P**

**\$526.56**

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Dita for CT		October 10 Filing - Amendment	
Q. Expenses Incurred By Committee but Not Paid During this Period			
Name of Creditor <b>DITA BHARGAVA</b>		Date Incurred <b>09/12/2017</b>	
Street Address <b>502 Cognewaugh Rd .</b>	City <b>Cos Cob</b>	State <b>CT</b>	Zip Code <b>06807</b>
Purpose of Expenditure (by code) <b>RMB</b>	Description <b>VIDEO PRODUCTION DEPOSIT</b>	Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			<b>\$5,000.00</b>
Name of Creditor <b>JULIANA HESS</b>		Date Incurred <b>09/26/2017</b>	
Street Address <b>60 Edgewater Commons Ln</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880</b>
Purpose of Expenditure (by code) <b>FNDR *</b>	Description <b>REIMB VARIOUS VENDORS (COSTCO, STOP &amp; SHOP, TOTAL WINE)</b>	Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			<b>\$304.37</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Dita for CT		October 10 Filing - Amendment	
Q. Expenses Incurred By Committee but Not Paid During this Period			
Name of Creditor <del>JULIANA HESS</del>		Date Incurred <del>09/26/2017</del>	
Street Address <del>60 Edgewater Commons Ln</del>	City <del>Westport</del>	State <del>CT</del>	Zip Code <del>06880</del>
Purpose of Expenditure (by code) <del>FADR *</del>	Description <del>REIMB VARIOUS VENDORS (COSTCO, STOP &amp; SHOP, TOTAL WINE)</del>	Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			<del>09282017A</del>
		<del>\$304.37</del>	
Name of Creditor SAGE PAYMENT SOLUTIONS		Date Incurred 09/30/2017	
Street Address 12120 Sunset Hills Rd Ste 500	City Reston	State VA	Zip Code 20190
Purpose of Expenditure (by code) BNK	Description MERCHANT CARD PROCESSING FEES	Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			\$1,000.22

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Dita for CT		October 10 Filing - Amendment	
<b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>			
Name of Creditor <b>SAGE PAYMENT SOLUTIONS</b>		Date Incurred <b>09/30/2017</b>	
Street Address <b>12120 Sunset Hills Rd Ste 500</b>	City <b>Reston</b>	State <b>VA</b>	Zip Code <b>20190</b>
Purpose of Expenditure (by code)  <b>BNK</b>	Description  <b>ADDL MERCHANT CC PROCESSING BANK FEES O/S DEPOSITS</b>		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			<b>\$391.23</b>
Name of Creditor <b>Google, Inc.</b>		Date Incurred <b>09/30/2017</b>	
Street Address <b>1600 Amphitheatre Pkwy</b>	City <b>Mountain View</b>	State <b>CA</b>	Zip Code <b>94043</b>
Purpose of Expenditure (by code)  <b>BNK</b>	Description  <b>GOOGLE *SVCSAPPS_d cc@google.co CA INV#3380362545</b>		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			<b>\$23.33</b>

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

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

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

Name of Creditor <b>RED HORSE STRATEGIES</b>		Date Incurred <b>09/30/2017</b>	
Street Address <b>55 Washington St Ste 702</b>	City <b>Brooklyn</b>	State <b>NY</b>	Zip Code <b>11201</b>
Purpose of Expenditure (by code) <b>CNSLT</b>	Description <b>INV 3199 SEPT CONSULTING</b>	Amount Incurred (Estimate or Actual)  <b>\$2,250.00</b>	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, assign an Expenditure # and completes Itemization in Addendum Q		Expenditure # (if applicable)	Event #

Name of Creditor <b>RED HORSE STRATEGIES</b>		Date Incurred <b>09/30/2017</b>	
Street Address <b>55 Washington St Ste 702</b>	City <b>Brooklyn</b>	State <b>NY</b>	Zip Code <b>11201</b>
Purpose of Expenditure (by code) <b>A-WEB</b>	Description <b>INV #3199 DIGITAL ADV</b>	Amount Incurred (Estimate or Actual)  <b>\$3,664.28</b>	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, assign an Expenditure # and completes Itemization in Addendum Q		Expenditure # (if applicable)	Event #

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Dita for CT			October 10 Filing - Amendment	
<b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>				
Name of Creditor <b>MARC BRADLEY</b>			Date Incurred <b>09/30/2017</b>	
Street Address <b>55 Roton Ave .</b>		City <b>Norwalk</b>	State <b>CT</b>	Zip Code <b>06853</b>
Purpose of Expenditure (by code) <b>CNSLT</b>	Description <b>FINANCE DIRECTOR SEPT. 2017 CAMPAIGN SET UP FEE (IN ARREARS)</b>			Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and completes Itemization in Addendum Q				<b>\$4,000.00</b>
Name of Creditor <b>JULIANA HESS</b>			Date Incurred <b>09/30/2017</b>	
Street Address <b>60 Edgewater Commons Ln</b>		City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880</b>
Purpose of Expenditure (by code) <b>CNSLT</b>	Description <b>CAMPAIGN ADVISORY SEPT 2017</b>			Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and completes Itemization in Addendum Q				<b>\$2,500.00</b>
<b>Total of Section Q</b>				<b>\$19,133.43</b>

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

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

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

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
SISLER	DIANA	C	09/16/2017	<input checked="" type="checkbox"/> Check # WB00017896 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant
UPS STORE

Street Address of Vendor	City	State	Zip Code
857 Post Rd	Fairfield	CT	06824

Purpose of Expenditure (by code)	Description
POST	MAILBOX RENTAL (SETUP, 6 MONTH TERM)

Is this expenditure coordinated with another candidate for which reimbursement is sought?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$247.50

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
SISLER	DIANA	C	09/16/2017	<input checked="" type="checkbox"/> Check # WB00017896 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant
KARPILOW SAFE & LOCK CO.

Street Address of Vendor	City	State	Zip Code
4490 Main St .	Bridgeport	CT	06606

Purpose of Expenditure (by code)	Description
Misc *	DUPLICATE/SPARE MAILBOX KEY

Is this expenditure coordinated with another candidate for which reimbursement is sought?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$2.95

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

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

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

Last Name of Worker/Consultant Sisler	First Diana	MI	Date of Payment to Vendor 09/28/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 101 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant  
DIANA SISLER

Street Address of Vendor 338 Bennett St .	City Fairfield	State CT	Zip Code 06825
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Purpose of Expenditure (by code) TRVL	Description MILEAGE & PARKING (HARTFORD)
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$248.17
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant BHARGAVA	First MADHU	MI D	Date of Payment to Vendor 09/28/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 102 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant  
MADHU BARGAVA

Street Address of Vendor 11441 Barrington Bridge Ct	City Henrico	State VA	Zip Code 23233
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Purpose of Expenditure (by code) FNDR *	Description REIMB VARIOUS VENDORS (COSTCO,WALMART, WEGMANS, PARTY CITY)
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event # 09242017A	Amount \$284.41
If yes, assign an Expenditure # and completes Itemization in Addendum R			

**Total of Section R**

**\$783.03**



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

<b>NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)</b>		<b>TYPE OF REPORT</b>	
Dita for CT		October 10 Filing - Amendment	

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

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

**Section J4. ADDENDUM**

<b>NAME OF COMMITTEE</b>		<b>TYPE OF REPORT</b>	

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

<b>Event #</b>	
Name of Candidate	

**Section N. ADDENDUM**

<b>NAME OF COMMITTEE</b>		<b>TYPE OF REPORT</b>	

**N. Expenses Paid By Committee - Addendum**

<b>Expenditure #</b>	<b>Amount of Expenditure</b>		
Name of Candidate	Office Sought		

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

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

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