



COVER PAGE

| | | | | | |
|---|--|--------------------------|---|------------------------------------|--|
| 1. NAME OF COMMITTEE | | | 2. TYPE OF COMMITTEE | | |
| Dita for CT | | | <input type="checkbox"/> Candidate Committee <input checked="" type="checkbox"/> Exploratory Committee | | |
| 3. TREASURER NAME | | | | | |
| First Diana | MI C | Last Sisler | | Suffix | |
| 4. TREASURER ADDRESS | | | | | |
| Street Address 338 Bennett St | City Fairfield | State CT | Zip Code 06825 | | |
| 5. ELECTION DATE 11/06/2018 | 6. OFFICE SOUGHT (Complete only if Candidate Committee) Undetermined | | | 7. DISTRICT NUMBER (if applicable) | |
| 8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee) | | | | | |
| First Dita | MI | Last Bhargava | | Suffix | |
| 9. TYPE OF REPORT | | | | | |
| October 10 Filing - Amendment | | | | | |
| 10. PERIOD COVERED | | | | | |
| Beginning Date | | Ending Date | | | |
| 09/01/2017 | | thru | | 09/30/2017 | |
| 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 Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. | | | | | |
| Electronic Filing | | Brendan Finley | | 07/16/2018 12:30:23PM | |
| SIGNATURE | | PRINT NAME OF THE SIGNER | | DATE CERTIFIED | |
| <p>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.</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 | |
|--|-------------------------------|-----------------------|
| Dita for CT | October 10 Filing - Amendment | |
| | COLUMN A This Period | COLUMN B Aggregate |
| 12. Balance on hand from day Committee was formed | | \$0.00 |
| 13. Balance on hand at the beginning of Reporting Period | \$0.00 | |
| 14. Contributions received from Individuals (Section A and B) | \$53,077.00 | \$53,077.00 |
| 15. Receipts from Other Committees (Sections C1 and C2) | \$0.00 | \$0.00 |
| 16. Other Monetary Receipts (Section D through I) | \$0.00 | \$0.00 |
| 17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1) | \$0.00 | \$0.00 |
| 18. Total Monetary Receipts (add totals for lines 14 through 17) | \$53,077.00 | \$53,077.00 |
| 19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B) | \$53,077.00 | \$53,077.00 |
| 20. Expenses Paid by Committee (Section N) | \$6,916.84 | \$6,916.84 |
| 21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col) | \$46,160.16 | \$46,160.16 |
| 22. In-Kind Donations not Considered Contributions Received (Section J3) | \$0.00 | \$0.00 |
| 23. In-Kind Donations not Considered Contributions - House Party (Section J4) | \$0.00 | \$0.00 |
| 24. In-Kind Contributions Received (Section K) | \$0.00 | \$0.00 |
| 25. Refundable Deposit to Telephone Company (Section L) | \$0.00 | \$0.00 |
| 26. Beginning Loan Balance | \$0.00 | |
| 26a. + Loans Received (Section D) | \$0.00 | \$0.00 |
| 26b. + Interest and Penalties on Loan(s) | \$0.00 | \$0.00 |
| 26c. - Payments on Loan(s) | \$0.00 | \$0.00 |
| 26d. Total Outstanding Loan Amount | \$0.00 | |
| 27. Campaign Expenses Paid By Candidate (Section O) | \$5,600.00 | \$5,600.00 |
| 28. Expenses Incurred on Committee Credit Card (Section P) | \$0.00 | \$0.00 |
| 29. Expenses Incurred by Committee During this Period but Not Paid (Section Q) | \$20,041.83 | |
| 29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q) | \$20,041.83 | |

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 |

A. Total Contributions from Small Contributors-Received this Period ONLYFor Nonparticipating Candidates ONLY
\$0.00**B. Itemized Contributions from Individuals**

| | | | |
|--|--|---|---|
| Last Name Sisler | First Diana | MI E | 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported 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 09/07/2017 | Aggregate Contributions \$50.00- \$25.00- |

| | | | |
|--|--|---|---|
| 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 IFS LLC (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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 09/07/2017 | Aggregate Contributions \$25.00 \$25.00 |

| | | | |
|--|--|---|---|
| Last Name Bayne | First David | MI | Contribution ID # 0007 |
| Residential Street Address 5 Windsor Rd | City Darien | State CT | Zip Code 06820-3228 |
| Principal Occupation Attorney | Name of Employer Akerman | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of 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 | 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 Ponte | First Natalie | MI | 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 | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 |

| | | | |
|--|--------------------------|---|------------------------------------|
| Last Name DeSimone | First Aya | MI | 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 | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 |

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 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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent 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 09/12/2017 | 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 Bayne | First David | MI | Contribution ID # 0007 |
| Residential Street Address 5 Windsor Rd | City Barien | State CT | Zip Code 06820-3228 |
| 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 09/12/2017 | Aggregate Contributions \$200.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$100.00 | |

| | | | |
|---|-------------------------|---|-------------------------------------|
| 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"/> Personal Check <input type="checkbox"/> Money Order <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"/> 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 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount of Contribution | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/13/2017 | Aggregate Contributions \$10.00 \$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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount of Contribution | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/13/2017 | Aggregate Contributions \$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 Au Pair Local Rep | Name of Employer Cultural Care Au Pair | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount of Contribution | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/13/2017 | Aggregate Contributions \$5.00 |

| | | | |
|--|--|------------------------------------|--|
| 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 | Amount of Contribution | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/14/2017 | Aggregate Contributions \$375.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|---|---|---|
| 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? 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 09/14/2017 | Aggregate Contributions \$50.00 |
| | | | \$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? 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 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? 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 |

| | | | |
|--|---|---|--|
| 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 \$100.00 |
| | | | \$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 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 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 |

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 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"/> 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 |

| | | | |
|--|--|---|-------------------------------------|
| 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"/> 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 |

| | | | |
|--|--|---|-------------------------------------|
| 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"/> 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 |

| | | | |
|--|--|---|-------------------------------------|
| 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"/> 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 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 # | | Date Received 09/15/2017 | 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 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 # | | Date Received 09/15/2017 | 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 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 # | | Date Received 09/15/2017 | Aggregate Contributions \$5.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$5.00 | |

| | | | |
|--|---|---|-------------------------------------|
| Last Name 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 # | | Date Received 09/15/2017 | 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 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"/> 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 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"/> 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 \$50.00- | |

| | | | |
|---|--|---|---|
| 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 Design | 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 \$50.00 |
| | | Amount of Contribution \$50.00 | |

| | | | |
|---|--|---|---|
| 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 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 09/15/2017 | 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 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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 | |

| | | | |
|--|---|--|-------------------------------------|
| 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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child 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 09/16/2017 | 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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 \$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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 \$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 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 |

| | | | |
|--|--|---|-------------------------------------|
| 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of 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 \$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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of 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 |

| | | | |
|--|--|---|-------------------------------------|
| 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported 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 09/18/2017 | Aggregate Contributions \$350.00 |
| | | | Amount of Contribution \$350.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|---|--|---|---|
| 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of 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 \$200.00- |
| | | | Amount of Contribution \$100.00- |

| | | | |
|---|--|---|--|
| 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 |

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 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"/> 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 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 |

| | | | |
|---|-----------------------------|---|----------------------------------|
| 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 \$5.00 | 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 |

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 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? <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 \$250.00 |
| | | Amount of Contribution \$250.00 | |

| | | | |
|--|---|--|--|
| 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 # | 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 Nobay | First Rommel | MI | Contribution ID # 0040 |
| Residential Street Address 39 Dartmouth Rd | City Cos Cob | State CT | Zip Code 06807-1713 |
| 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? <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 | |

| | | | |
|--|---|--|---|
| 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 Sales | Name of Employer Tone World | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 09/19/2017 | 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 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 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | | Date Received 09/19/2017 | | |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | | Aggregate Contributions \$100.00 | | \$100.00 |

| | | | | | |
|--|--|------------------------------|--|--------------------|----------------------------------|
| 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 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 | | Amount of Contribution |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | | Date Received 09/19/2017 | | |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | | Aggregate Contributions \$100.00 | | \$100.00 |

| | | | | | |
|--|--|--------------------------|--|--------------------|----------------------------------|
| 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 | | Amount of Contribution |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | | Date Received 09/19/2017 | | |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | | Aggregate Contributions \$5.00 | | \$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 | | Amount of Contribution |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | | Date Received 09/19/2017 | | |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | | Aggregate Contributions \$100.00 | | \$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 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 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 \$200.00- |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$100.00- | |

| | | | |
|--|---|---|--|
| 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 # | | Date Received 09/19/2017 | 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 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 # | | Date Received 09/19/2017 | 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 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 # | | Date Received 09/19/2017 | 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 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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <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 09/19/2017 | Aggregate Contributions \$250.00 |
| | | Amount of Contribution \$250.00 | |

| | | | |
|---|---|---|-------------------------------------|
| 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 | |
| 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 09/19/2017 | 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 | |
| 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 09/19/2017 | Aggregate Contributions \$200.00- |
| | | 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 | |
| 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 09/19/2017 | 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 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/20/2017 | Aggregate Contributions \$375.00 |
| | | Amount of Contribution \$375.00 | |

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

| | | | |
|--|--|---|---|
| Last Name Sisler | First Diana | MI C | Contribution ID # 0051 |
| Residential Street Address 338 Bennett St . | City Fairfield | State CT | Zip Code 06825 |
| Principal Occupation Consultant | Name of Employer IFS LLC (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 09/20/2017 | Aggregate Contributions \$25.00 |
| | | Amount of Contribution \$25.00 | |

| | | | |
|--|--|---|--|
| Last Name Mechanic | First Michelle | MI | Contribution ID # 0054 |
| Residential Street Address 6 Blackberry Ln | City Westport | State CT | Zip Code 06880-2711 |
| Principal Occupation Attorney and visual artist | Name of Employer Self | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09282017A | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/20/2017 | 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 Gutkowski | First Jesse | MI | Contribution ID # 0082 |
| Residential Street Address 6 Blackberry Ln | City Westport | State CT | Zip Code 06880-2711 |
| Principal Occupation Asset Management | Name of Employer MIO Partners | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent 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 09/20/2017 | 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 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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent 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 09/21/2017 | Aggregate Contributions \$200.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$200.00 | |

| | | | |
|---|--|---|-------------------------------------|
| Last Name 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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent 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 09/21/2017 | Aggregate Contributions \$300.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$300.00 | |

| | | | |
|---|---|---|-------------------------------------|
| Last Name 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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent 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 09/21/2017 | 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 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 | |

| | | | |
|---|---|---|--|
| 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 | |

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 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/21/2017 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|---|---|---|--|
| 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 | |

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 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 |

| | | | |
|---|---|--|--|
| 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 |

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 Chae | 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 \$200.00- |
| | | | Amount of Contribution \$100.00- |

| | | | |
|---|--|---|--|
| Last Name Oshana | First Samuel | MI | Contribution ID # 0088 |
| Residential Street Address 15 E Putnam Ave # 169 | City Greenwich | State CT | Zip Code 06830-5424 |
| 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 09/22/2017 | Aggregate Contributions \$250.00 |
| | | | Amount of Contribution \$250.00 |

| | | | |
|---|--|---|--|
| Last Name Danna | First Mychael | MI | Contribution ID # 0089 |
| Residential Street Address 2758 Hollyview Ct | City Los Angeles | State CA | Zip Code 90068-3088 |
| Principal Occupation Music producer | Name of Employer Soft Pedal 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 09/22/2017 | Aggregate Contributions \$375.00 |
| | | | Amount of Contribution \$375.00 |

| | | | |
|---|--|---|---|
| Last Name Gates | First Rozanne | MI | Contribution ID # 0090 |
| Residential Street Address 277A North Ave | City Westport | State CT | Zip Code 06880-1325 |
| Principal Occupation Writer | Name of Employer Self | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of 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 |

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 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 Foremost 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 09/22/2017 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

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

| | | | |
|--|--|---|--|
| Last Name Bhargava | First Rajeev | MI | Contribution ID # 0092 |
| Residential Street Address 445 Rivergate Dr | City Richmond | State VA | Zip Code 23238-6421 |
| Principal Occupation Engineer | 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 09/24/2017 | Aggregate Contributions \$375.00 |
| | | Amount of Contribution \$375.00 | |

| | | | |
|--|--|---|--|
| Last Name Goel | First Anand | MI | Contribution ID # 0093 |
| Residential Street Address 655 Coley Oaks Ct | City Sandy Springs | State GA | Zip Code 30350-5558 |
| Principal Occupation Consultant | Name of Employer Optimized Payments Consulting, 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 09/24/2017 | 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 Bhargava | First Indu | MI | Contribution ID # 0097 |
| Residential Street Address 1702 Tunbridge Dr | City Henrico | State VA | Zip Code 23238-4127 |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09242017A | 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 Challa | First Chandrashekar | MI | Contribution ID # 0098 |
| Residential Street Address 616 Joe Brooke Ln | City Manakin Sabot | State VA | Zip Code 23103-3168 |
| Principal Occupation IT Consultant | Name of Employer Sapthagiri 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09242017A | 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 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child 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 # 09242017A | 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 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child 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 # 09242017A | 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 \$400.00 |
| | | 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 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child 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 # 09242017A | | 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 \$202.00- | 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child 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 # 09242017A | | 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 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child 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 # 09242017A | | 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 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child 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 # 09242017A | | 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 \$300.00 | Amount of Contribution \$300.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|---------------------------|--|--------------------------------------|
| Last Name Kaur | 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? <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 \$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? <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 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 | |

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 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 | |

| | | | |
|--|--|--|--------------------------------------|
| 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 \$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 \$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 | |

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 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? If yes, list Event # 09242017A | | 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? If yes, list Event # 09242017A | | 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 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? If yes, list Event # 09242017A | | 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 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? If yes, list Event # 09242017A | | Date Received 09/24/2017 | Aggregate Contributions \$500.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$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 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? 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? 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 |

| | | | |
|---|--|---|-------------------------------------|
| 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> | 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 |

| | | | |
|---|--|---|-------------------------------------|
| 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> | 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 |

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 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child 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 # 09242017A | 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 \$150.00 |
| | | 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child 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 # 09242017A | 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 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child 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 # 09242017A | 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 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child 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 # 09242017A | 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 \$400.00 |
| | | 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 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child 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 \$150.00 | 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/24/2017 |
| | | Aggregate Contributions \$375.00 | Amount of Contribution \$375.00 |

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

| | | | |
|--|-------------------------------|--|------------------------------------|
| Last Name Bhargava | First Neil | MI A | Contribution ID # 0071 |
| Residential Street Address 333 E 119th St Apt 5A | City New York | State NY | Zip Code 10035-4276 |
| Principal Occupation Consultant | Name of Employer Accenture | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/24/2017 |
| | | 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 Iscoll | First Jill | MI | Contribution ID # 0066 |
| Residential Street Address 63 Lyndel Rd | City Pound Ridge | State NY | Zip Code 10576-1204 |
| 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 09/24/2017 | Aggregate Contributions \$750.00- \$375.00- |

| | | | |
|--|---|---|---|
| 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 HCA Healthcare | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09242017A | 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 09/24/2017 | Aggregate Contributions \$101.00 \$101.00 |

| | | | |
|--|---|---|---|
| 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 Managing Partner | Name of Employer Patrick Executive Search | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child 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 # 09242017A | 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 09/24/2017 | Aggregate Contributions \$250.00 \$250.00 |

| | | | |
|--|---|---|---|
| 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 Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09242017A | 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 09/24/2017 | 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 Kukreja | First Rakesh | MI | Contribution ID # 0111 |
| Residential Street Address 2710 Stemwell Blvd | City North Chesterfield | State VA | Zip Code 23236-1574 |
| Principal Occupation Professor | Name of Employer Virginia Commonwealth University | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09242017A | 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 Walia | First Sukhdev | MI | Contribution ID # 0124 |
| Residential Street Address 15113 Fox Branch Ln | City Midlothian | State VA | Zip Code 23112-6555 |
| Principal Occupation Managing Member | Name of Employer New England Power 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09242017A | 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 Iscol | First Jill | MI | Contribution ID # 0066 |
| Residential Street Address 63 Lyndel Rd | City Pound Ridge | State NY | Zip Code 10576-1204 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 09/24/2017 | Aggregate Contributions \$375.00 |
| | | Amount of Contribution \$375.00 | |

| | | | |
|--|--|---|--|
| 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 Virginia Cancer Institute | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child 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 # 09242017A | 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 | |

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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported 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 09/25/2017 | Aggregate Contributions \$375.00 |
| | | 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of 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 \$50.00 |
| | | Amount of Contribution \$50.00 | |

| | | | |
|---|--|---|--|
| 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 Fifth Street Finance | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of 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 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 Ilse Gordon | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of 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 | |

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? 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? 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? If yes, list Event # | | Date Received 09/25/2017 | Aggregate Contributions \$200.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$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? 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 Bhargava | First Harsh | MI | Contribution ID # 0067 |
| Residential Street Address 41 Andover Dr | City Kendall Park | State NJ | Zip Code 08824-7005 |
| Principal Occupation President | Name of Employer Bankworld 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 09/25/2017 |
| | | Aggregate Contributions \$100.00 | Amount of Contribution \$100.00 |

| | | | |
|---|--|--|---|
| 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 |

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 # 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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 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 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? <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 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? <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 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? <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 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 | |

| | | | |
|---|--------------------------|---|-------------------------------------|
| Last Name Gordon | First Hse | MI | Contribution ID # 0128 |
| Residential Street Address 163 Cognewaugh Rd | City Eos 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? If yes, list Event # | | Date Received 09/25/2017 | Aggregate Contributions \$200.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$100.00 | |

| | | | |
|---|-----------------------------|---|-------------------------------------|
| Last Name 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? 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 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? If yes, list Event # | | Date Received 09/25/2017 | 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 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of 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 |

| | | | |
|--|--------------------------|--|------------------------------------|
| 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of 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 \$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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of 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 \$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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of 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 \$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 # | | 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 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 # | | 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 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 # | | 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 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? 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 | |

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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of 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 \$250.00 | 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of 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 \$200.00- | 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of 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 \$200.00- | 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of 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 \$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 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"/> 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 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"/> 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 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"/> 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 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"/> Money Order <input type="checkbox"/> Personal Check <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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 09/26/2017 | Aggregate Contributions \$375.00 |
| | | Amount of Contribution \$375.00 | |

| | | | |
|---|---|---|--|
| 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 Priya Tandon, LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/26/2017 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|---|---|---|--|
| 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 Keller Williams | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 09/26/2017 | Aggregate Contributions \$100.00 |
| | | 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 Hartford Healthcare Medical 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 09/26/2017 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|---|--|--|--|
| Last Name Geel | 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of 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 \$200.00- | Amount of Contribution \$100.00- |

| | | | |
|---|--|--|---|
| Last Name Bradley | First Marc | MI | Contribution ID # 0170 |
| 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of 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 \$370.00 | Amount of Contribution \$370.00 |

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

| | | | |
|---|--------------------------------------|--|---|
| Last Name Walker | First Catherine | MI | Contribution ID # 0182 |
| Residential Street Address 6 Melwood Ln | City Westport | State CT | Zip Code 06880-2809 |
| Principal Occupation Business Consultant | Name of Employer BREITLANE | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child 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 # 09282017A | | Method of 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 |

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 Juliana | MI | Contribution ID # 0178 |
| 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of 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 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 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 Renee Lux | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of 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 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 \$200.00 |
| | | 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 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 |

| | | | |
|--|--|---|------------------------------------|
| 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"/> Personal Check <input type="checkbox"/> Money Order <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"/> Personal Check <input type="checkbox"/> Money Order <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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/27/2017 | 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 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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 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 09/27/2017 | Aggregate Contributions \$100.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$100.00 | |

| | | | |
|--|---|--|-------------------------------------|
| Last Name 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 09/27/2017 | Aggregate Contributions \$100.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$100.00 | |

| | | | |
|--|-----------------------------|--|-------------------------------------|
| Last Name Bhargava | First Shobhana | MI | Contribution ID # 0148 |
| Residential Street Address 77 Havemeyer Ln Unit 303 | City Stamford | State CT | Zip Code 06902-2164 |
| 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 09/27/2017 | Aggregate Contributions \$375.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$375.00 | |

| | | | |
|--|----------------------------------|--|-------------------------------------|
| Last Name Shultz | First Valarie | MI | Contribution ID # 0149 |
| Residential Street Address 9 Faith Ln | City Danbury | State CT | Zip Code 06810-7122 |
| Principal Occupation CEO | Name of Employer Urban League | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 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 09/27/2017 | 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 Eichenberg | First Karina | MI | Contribution ID # 0158 |
| Residential Street Address 33 Whippoorwill Lake Rd | City Chappaqua | State NY | Zip Code 10514-2313 |
| Principal Occupation Investor Relations | Name of Employer Tudor Investment Corporation | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/27/2017 | Aggregate Contributions \$150.00 |
| | | | Amount of Contribution \$150.00 |

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

| | | | |
|--|--|---|-------------------------------------|
| 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 |

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 Lora | MI | Contribution ID # 0159 |
| Residential Street Address 19 Hidden Brook Rd | City Riverside | State CT | Zip Code 06878-2303 |
| 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 \$375.00 | Amount of Contribution \$375.00 |

| | | | |
|--|----------------------------------|---|------------------------------------|
| Last Name Norris | First David | MI | Contribution ID # 0145 |
| Residential Street Address 8 Wildwood Dr | City Greenwich | State CT | Zip Code 06830-6728 |
| Principal Occupation Consulting | Name of Employer David Norris | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of 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 \$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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of 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 Bhargava | First Hansa | MI | Contribution ID # 0151 |
| Residential Street Address 2365 Sagamore Hills Dr | City Decatur | State GA | Zip Code 30033-1216 |
| Principal Occupation Physician | Name of Employer WebMD | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/28/2017 | Aggregate Contributions \$375.00 |
| | | Amount of Contribution \$375.00 | |

| | | | |
|---|---|---|--|
| Last Name Yadav | First Sandeep | MI | Contribution ID # 0152 |
| Residential Street Address 2365 Sagamore Hills Dr | City Decatur | State GA | Zip Code 30033-1216 |
| Principal Occupation Executive | Name of Employer Self-employed | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> 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 Dhanalal | First Usha | MI | Contribution ID # 0153 |
| Residential Street Address 40 Terra Nova Cir | City Westport | State CT | Zip Code 06880-4749 |
| 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 09/28/2017 | Aggregate Contributions \$125.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$125.00 | |

| | | | |
|--|------------------------|--|--|
| Last Name Sharma | First Janith | MI | Contribution ID # 0154 |
| Residential Street Address 144 Pond Rd | City Stamford | State CT | Zip Code 06902-1831 |
| 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 # | | Date Received 09/28/2017 | Aggregate Contributions \$750.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$375.00 | |

| | | | |
|--|--|--|------------------------------------|
| Last Name 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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 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 09/28/2017 | 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 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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child 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> | | Date Received 09/28/2017 | 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 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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <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 09/28/2017 | 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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <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 09/28/2017 | 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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <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 09/28/2017 | Aggregate Contributions \$200.00 |
| | | Amount of Contribution \$200.00 | |

| | | | |
|---|---|---|-------------------------------------|
| 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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <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 09/28/2017 | 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 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 |

| | | | |
|--|--|---|-------------------------------------|
| 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"/> 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 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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <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 09/28/2017 | Aggregate Contributions \$100.00 |
| | | | \$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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <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 09/28/2017 | Aggregate Contributions \$250.00 |
| | | | \$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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <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 09/28/2017 | Aggregate Contributions \$100.00 |
| | | | \$100.00 |

| | | | |
|---|---|---|-------------------------------------|
| Last Name Shah | First Sarah | MI | Contribution ID # 0224 |
| Residential Street Address 14 Homestead Rd | City Greenwich | State CT | Zip Code 06831-4223 |
| Principal Occupation Marketing | Name of Employer Maya Kaimal Fine Indian Foods | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <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 09/28/2017 | 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 Evans | First Melissa | MI | Contribution ID # 0225 |
| Residential Street Address 12 Rockland Pl | City Greenwich | State CT | Zip Code 06831-5114 |
| Principal Occupation Traffic Operations Coordinator | Name of Employer Town of Greenwich | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/28/2017 | Aggregate Contributions \$25.00 |
| | | Amount of Contribution \$25.00 | |

| | | | |
|---|---|---|--|
| Last Name Sharma | First Janill | MI | Contribution ID # 0154 |
| Residential Street Address 144 Pond Rd | City Stamford | State CT | Zip Code 06902-1831 |
| Principal Occupation Homemaker | 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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card | Date Received 09/28/2017 | Aggregate Contributions \$375.00 |
| | | Amount of Contribution \$375.00 | |

| | | | |
|---|---|---|--|
| 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"/> 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 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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/28/2017 | 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 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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 \$200.00 |
| | | | 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 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 checked="" 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 | |

| | | | |
|---|---|---|---|
| Last Name Rodriguez | First Alma | MI | Contribution ID # 0186 |
| Residential Street Address 120 W 183rd St Apt 48 | City Bronx | State NY | Zip Code 10453-1143 |
| 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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card | Date Received 09/29/2017 | Aggregate Contributions \$750.00- |
| | | Amount of Contribution \$375.00- | |

| | | | |
|---|---|---|---|
| Last Name Dilone | First Maria | MI | Contribution ID # 0187 |
| Residential Street Address 371 Convent Ave Apt E2 | City New York | State NY | Zip Code 10031-4238 |
| 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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card | Date Received 09/29/2017 | Aggregate Contributions \$750.00- |
| | | 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 Bhullar | First Puneet | MI | Contribution ID # 0188 |
| Residential Street Address 19 Janson Dr | City Westport | State CT | Zip Code 06880-2515 |
| Principal Occupation N/A | Name of Employer N/A | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09282017A | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/29/2017 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|--|---|--|--|
| Last Name Dilone | First Maria | MI | Contribution ID # 0187 |
| Residential Street Address 371 Convent Ave Apt E2 | City New York | State NY | Zip Code 10031-4238 |
| Principal Occupation NA | 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 # | 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 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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 | |

| | | | |
|--|---|--|--|
| Last Name Rodriguez | First Alma | MI | Contribution ID # 0186 |
| Residential Street Address 120 W 183rd St Apt 48 | City Bronx | State NY | Zip Code 10453-1143 |
| Principal Occupation Cleaning | Name of Employer Catalyn Analytics | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 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? <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 \$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? <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 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? <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 \$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? <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 \$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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/29/2017 | Aggregate Contributions \$100.00 |
| | | 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/29/2017 | Aggregate Contributions \$100.00 |
| | | 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/29/2017 | Aggregate Contributions \$100.00 |
| | | 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported 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 09/29/2017 | 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 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 \$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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 \$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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 \$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 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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 09/29/2017 | Aggregate Contributions \$375.00 |
| | | | Amount of Contribution \$375.00 |

| | | | |
|--|--|---|-------------------------------------|
| 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/29/2017 | Aggregate Contributions \$375.00 |
| | | | 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/29/2017 | 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 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported 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 09/29/2017 | Aggregate Contributions \$100.00 |
| | | | 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/29/2017 | Aggregate Contributions \$350.00 |
| | | | Amount of Contribution \$350.00 |

| | | | |
|--|--|---|-------------------------------------|
| 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of 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 Bhargava | First Mallika | MI | Contribution ID # 0157 |
| Residential Street Address 219 E 76th St Apt 2A | City New York | State NY | Zip Code 10021-2175 |
| Principal Occupation Manager | Name of Employer TWENTY-ONE CF | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of 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 Moriarty | First Leslie | MI | Contribution ID # 0139 |
| Residential Street Address 150 Parsonage Rd | City Greenwich | State CT | Zip Code 06830-3943 |
| Principal Occupation Community volunteer | 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 \$375.00 |
| | | Amount of Contribution \$375.00 | |

| | | | |
|---|--|---|--|
| 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of 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 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of 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 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? <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 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? <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 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 | |

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 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 09/30/2017 | Aggregate Contributions \$375.00 |
| | | | 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 09/30/2017 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|--|---|---|------------------------------------|
| 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 Assessment | 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"/> Money Order <input type="checkbox"/> Personal Check <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"/> 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 |

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 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"/> Money Order <input type="checkbox"/> Personal Check <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"/> 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 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"/> 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 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"/> 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 |

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 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 |

| | | | |
|--|--|---|-------------------------------------|
| 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 |

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 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 | |

| | | | |
|--|--|---|--|
| 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 | |

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 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 |

| | | | |
|--|--------------------------|--|------------------------------------|
| 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of 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 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of 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 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 09/30/2017 | 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 09/30/2017 | Aggregate Contributions \$50.00 |
| | | | Amount of Contribution \$50.00 |

| | | | |
|---|---|---|------------------------------------|
| 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 09/30/2017 | 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 09/30/2017 | 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 BHARGAVA | First MUDITA | MI | Contribution ID # 0183 |
| 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of 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 Bhargava | First Madhu | MI | Contribution ID # 0184 |
| Residential Street Address 11441 Barrington Bridge Ct | City Henrico | State VA | Zip Code 23233-1753 |
| Principal Occupation Homemaker | 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 \$250.00 |
| | | Amount of Contribution \$250.00 | |

| | | | |
|---|--|---|--|
| Last Name Nestor | First Samantha | MI | Contribution ID # 0181 |
| Residential Street Address 8 Humble Ln | City Weston | State CT | Zip Code 06883-2509 |
| Principal Occupation Marketing consultant | Name of Employer Chrysanthemum 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"/> 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 Mendell | First Gary | MI | Contribution ID # 0177 |
| Residential Street Address 58 Laurel Dr | City Easton | State CT | Zip Code 06612-1755 |
| Principal Occupation Non profit | Name of Employer Shatterproof | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of 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 | |

| | | |
|--|---|--------------------|
| 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? | | Yes No | | Amount of Contribution |
| | | | If yes, list Event # | | | | |
| City | State | Zip Code | Date Received | Aggregate Contributions | | | |

Total of Section C1

I. MONETARY RECEIPTS (Section A-I)

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

C2. Reimbursements or Surplus Distributions from other Committees

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

Total of Section C2

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

| 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 | | |
| Total of Section E | | | | | |

| 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 | |
| | | | | | |
| Total of Section G | | | | | |

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 Supplemental/Post Election Deficit | Primary General Election Special Election | | |

Total of Section H

I. MONETARY RECEIPTS (Section A-I)

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

I. Miscellaneous Monetary Receipts not Considered Contributions

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

Total of Section I

II. EVENT ACTIVITY (Sections J1 - J4)

| | | | |
|--|-------------|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | TYPE OF REPORT | |
| 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 |
| Location: Street Address 11441 Barrington Bridge Ct | | City Henrico | State VA |
| | | Zip Code 23233 | |
| Was this event hosted at a personal residence? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information. |
| Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | (If yes, enter Total Receipts here.) <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$0.00</div> |
| Event # Date of Event 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 | |
| Was this event hosted at a personal residence? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information. |
| Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | (If yes, enter Total Receipts here.) <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$0.00</div> |
| Total of Section J1 | | | \$0.00 |

II. EVENT ACTIVITY (Sections J1 - J4)

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

J3. In-Kind Donations Not Considered Contributions

Name of the Donor

| | | | |
|----------------|------|-------|----------|
| Street Address | City | State | Zip Code |
|----------------|------|-------|----------|

| | | | | |
|--|-------------------------|---------|--------------------------------|-------------------------------|
| 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 |
|--------------|---|

| | | | |
|----------------|------|-------|----------|
| Street Address | City | State | Zip Code |
|----------------|------|-------|----------|

| | | | |
|-------------------------|---|---|-------------------------------|
| Description of Donation | | | Fair Market Value of Donation |
| Event # | Aggregate value of this Event - all hosts | Aggregate value of all Events - this host/candidate | |

Total of Section J4

III. NONMONETARY RECEIPTS (Sections K - L)

| | |
|---|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| 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: | Yes No Executive Legislative |
| Type of Contributor: | | Date Received | Aggregate contributions |
| Individual Committee Sole Proprietorship | | | |
| | | | Fair Market Value of this Contribution |

Total of Section K

III. Non Monetary Receipts (Sections K - L)

| | |
|---|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | 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 |
| N. Expenses Paid By Committee | |

| | | | | |
|---|--|--------------------------------------|--|--------------------------|
| Name of Payee DIANA C. SISLER | | Date of Payment 09/16/2017 | Method of Payment <input checked="" type="checkbox"/> Check # WB000178990 <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 USPS | | Date of Payment 09/18/2017 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 357 Commerce Dr | | City Fairfield | State CT | Zip Code 06825-9998 |
| Purpose of Expend POST | Description POSTAGE STAMPS | | Amount \$4.98 | |
| 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 USPS | | Date of Payment 09/18/2017 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 357 Commerce Dr | | City Fairfield | State CT | Zip Code 06825-9998 |
| Purpose of Expend POST | Description POSTAGE STAMPS | | Amount \$4.90 | |
| 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 |
| N. Expenses Paid By Committee | | |

| | | | | |
|---|---|--|---|-------------------|
| 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 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$7.25 |

| | | | | |
|---|---|--|---|------------------------------|
| Name of Payee CLASSIC PARTY RENTALS OF VIRGINIA, INC. | | Date of Payment 09/26/2017 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 9313 Burge Ave. | | City Richmond | State VA | Zip Code 23237 |
| Purpose of Expend FNDR * | Description RENTAL (TABLES/CHAIRS/LINENS) | | | 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 # |
| | | | | \$521.66 |

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

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 |
| N. Expenses Paid By Committee | |

| | | | | |
|---|--|--|--|------------------------|
| 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 \$248.17 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | |

| | | | | |
|---|--|--|--|------------------------|
| Name of Payee 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 \$284.41 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | |

| | | | | |
|---|---|---|--|--------------------------|
| Name of Payee 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 \$5,000.00 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Expenditure # (if applicable) | |

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

| | | | | |
|---|--|--|--|-------------------|
| 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 | | | | \$6,916.84 |

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 | Amount |
| PO Box 40190 | | San Francisco | CA | 94140-0190 | |
| Purpose of Expenditure (by code) | Description | | Event # | | |
| WAGE | CAMPAIGN WEBSITE SETUP | | | | \$600.00 |
| 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 | Amount |
| PO Box 40190 | | San Francisco | CA | 94140-0190 | |
| Purpose of Expenditure (by code) | Description | | Event # | | |
| WEB | CAMPAIGN WEBSITE SETUP | | | | \$600.00 |
| 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 | Amount |
| 1100 Vermont Ave NW | | Washington | DC | 20005 | |
| Purpose of Expenditure (by code) | Description | | Event # | | |
| WEB | VIDEO PRODUCTION FOR WEB CAMPAIGN LAUNCH (DEPOSIT, ONE-HALF FEE PER LETTER OF AGREEMENT) | | | | \$5,000.00 |
| Total of Section O | | | | | \$5,600.00 |

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 WEBSTER BANK | | 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 | |
| Name of Vendor USPS | | Date of Transaction 09/18/2017 | |
| Street Address 357 Commerce Dr | | City Fairfield | State Zip Code CT 06825-9998 |
| Purpose of Expenditure (by code) POST | Description POSTAGE STAMPS | | Amount \$4.90- |
| 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 complete Itemization in Addendum | | | |

| | | | |
|---|---|---|---------------------------------------|
| Name of Issuing Institution WEBSTER BANK | | 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 | |
| Name of Vendor CLASSIC PARTY RENTALS OF | | Date of Transaction 09/26/2017 | |
| Street Address 9313 Burge Ave | | City Richmond | State Zip Code VA 23237 |
| Purpose of Expenditure (by code) FNDR * | Description RENTAL (TABLES/CHAIRS/LINENS) | | Amount \$521.66- |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Expenditure # (if applicable) Event # 09242017A | |
| If yes, assign an Expenditure # and complete Itemization in Addendum | | | |

Total of Section P

\$0.00

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 DITA BHARGAVA | | Date Incurred 09/12/2017 | |
| Street Address 502 Cognewaugh Rd . | City Cos Cob | State CT | Zip Code 06807 |
| Purpose of Expenditure (by code) RMB | Description VIDEO PRODUCTION DEPOSIT | 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 | | | \$5,000.00 |
| Name of Creditor MALABAR | | Date Incurred 09/24/2017 | |
| Street Address 3456 Lauderdale Dr | City Richmond | State VA | Zip Code 23233 |
| Purpose of Expenditure (by code) FOOD | Description FOOD CATERING FOR VA FUNDRAISER | Amount Incurred (Estimate or Actual) | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Expenditure # (if applicable) | Event # |
| If yes, assign an Expenditure # and completes Itemization in Addendum Q | | | \$908.40 |

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 JULIANA HESS | | Date Incurred 09/26/2017 | |
| Street Address 60 Edgewater Commons Ln | | City Westport | State Zip Code CT 06880 |
| Purpose of Expenditure (by code) FNDR * | Description REIMB VARIOUS VENDORS (COSTCO, STOP & SHOP, TOTAL WINE) | | Amount Incurred (Estimate or Actual) |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum Q | | Expenditure # (if applicable) | Event # 09282017A |
| | | | \$304.37 |

| | | | |
|--|---|--|---|
| Name of Creditor JULIANA HESS | | Date Incurred 09/26/2017 | |
| Street Address 60 Edgewater Commons Ln | | City Westport | State Zip Code CT 06880 |
| Purpose of Expenditure (by code) FNDR * | Description REIMB VARIOUS VENDORS (COSTCO, STOP & SHOP, TOTAL WINE) | | Amount Incurred (Estimate or Actual) |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum Q | | Expenditure # (if applicable) | Event # 09282017A |
| | | | \$304.37 |

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 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 If yes, assign an Expenditure # and completes Itemization in Addendum Q | | Expenditure # (if applicable) | Event # |
| | | \$1,000.22 | |

| | | | |
|---|---|----------------------------------|---|
| 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 ADDL MERCHANT CC PROCESSING BANK FEES O/S DEPOSITS | | 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 If yes, assign an Expenditure # and completes Itemization in Addendum Q | | Expenditure # (if applicable) | Event # |
| | | \$391.23 | |

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 Google, Inc. | | Date Incurred 09/30/2017 | |
| Street Address 1600 Amphitheatre Pkwy | City Mountain View | State CA | Zip Code 94043 |
| Purpose of Expenditure (by code) BNK | Description GOOGLE *SVCSAPPS_d cc@google.co CA INV#3380362545 | 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 | | | \$23.33 |
| Name of Creditor RED HORSE STRATEGIES | | Date Incurred 09/30/2017 | |
| Street Address 55 Washington St Ste 702 | City Brooklyn | State NY | Zip Code 11201 |
| Purpose of Expenditure (by code) CNSLT | Description INV 3199 SEPT CONSULTING | Amount Incurred (Estimate or Actual) | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Expenditure # (if applicable) | Event # |
| If yes, assign an Expenditure # and completes Itemization in Addendum Q | | | \$2,250.00 |

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 RED HORSE STRATEGIES | | Date Incurred 09/30/2017 | |
| Street Address 55 Washington St Ste 702 | City Brooklyn | State NY | Zip Code 11201 |
| Purpose of Expenditure (by code) A-WEB | Description INV #3199 DIGITAL ADV | Amount Incurred (Estimate or Actual) \$3,664.28 | |
| 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 MARC BRADLEY | | Date Incurred 09/30/2017 | |
| Street Address 55 Roton Ave . | City Norwalk | State CT | Zip Code 06853 |
| Purpose of Expenditure (by code) CNSLT | Description FINANCE DIRECTOR SEPT. 2017 CAMPAIGN SET UP FEE (IN ARREARS) | Amount Incurred (Estimate or Actual) \$4,000.00 | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| If yes, assign an Expenditure # and 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 | |
| Q. Expenses Incurred By Committee but Not Paid During this Period | | | |
| Name of Creditor JULIANA HESS | | Date Incurred 09/30/2017 | |
| Street Address 60 Edgewater Commons Ln | City Westport | State CT | Zip Code 06880 |
| Purpose of Expenditure (bv code) CNSLT | Description CAMPAIGN ADVISORY SEPT 2017 | Amount Incurred (Estimate or Actual) \$2,500.00 | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | | |
| If yes, assign an Expenditure # and completes Itemization in Addendum Q | | | |
| Total of Section Q | | | \$20,041.83 |

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 C | Date of Payment to Vendor 09/16/2017 | Payment to Reimburse Committee Worker/Consultant as reported in Section N: <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 857 Post Rd | City Fairfield | State CT | Zip Code 06824 |
|---|-------------------|-------------|-------------------|

| | |
|--|---|
| Purpose of Expenditure (by code) POST | Description 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 \$247.50 |
| If yes, assign an Expenditure # and completes Itemization in Addendum R | | | |

| | | | | |
|--|----------------|---------|---|---|
| Last Name of Worker/Consultant SISLER | First DIANA | MI C | Date of Payment to Vendor 09/16/2017 | Payment to Reimburse Committee Worker/Consultant as reported in Section N: <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 4490 Main St . | City Bridgeport | State CT | Zip Code 06606 |
|--|--------------------|-------------|-------------------|

| | |
|--|--|
| Purpose of Expenditure (by code) Misc * | Description 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 \$2.95 |
| If yes, assign an Expenditure # and completes Itemization in Addendum R | | | |

IV. EXPENDITURES (Sections N - S)

| | |
|---|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | 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 |
|--|----------------|----|---|--|

Name of Vendor Paid by Committee Worker/Consultant

DIANA SISLER

| | | | |
|--|-------------------|-------------|-------------------|
| Street Address of Vendor 338 Bennett St . | City Fairfield | State CT | Zip Code 06825 |
|--|-------------------|-------------|-------------------|

| | |
|--|---|
| Purpose of Expenditure (by code) TRVL | Description MILEAGE & PARKING (HARTFORD) |
|--|---|

| | | | |
|---|-------------------------------|---------|--------------------|
| 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 |
|--|----------------|---------|---|--|

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 |
|--|-----------------|-------------|-------------------|

| | |
|--|--|
| Purpose of Expenditure (by code) FNDR * | Description REIMB VARIOUS VENDORS (COSTCO,WALMART, WEGMANS, PARTY CITY) |
|--|--|

| | | | |
|---|-------------------------------|----------------------|--------------------|
| 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)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|-------------------------------|
| 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 | | | | |
| Total of Section S | | | | |

Section J4. ADDENDUM

| NAME OF COMMITTEE | TYPE OF REPORT |
|-------------------|----------------|
| | |

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

| | |
|-------------------|--|
| Event # | |
| Name of Candidate | |

Section N. ADDENDUM

| NAME OF COMMITTEE | TYPE OF REPORT |
|-------------------|----------------|
| | |

N. Expenses Paid By Committee - Addendum

| Expenditure # | Amount of Expenditure |
|-------------------|-----------------------|
| | |
| Name of Candidate | Office Sought |

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

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

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