



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 | | | | | |
| Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment | | | | | |
| 10. PERIOD COVERED | | | | | |
| Beginning Date | | Ending Date | | | |
| 01/01/2018 | | thru | | 03/22/2018 | |
| 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 | Diana Sisler | 05/30/2018 1:47:44PM | | | |
| 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - 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 | \$48,901.57 | |
| 14. Contributions received from Individuals (Section A and B) | \$22,941.00 | \$147,881.21 |
| 15. Receipts from Other Committees (Sections C1 and C2) | \$1,207.07 | \$1,207.07 |
| 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) | \$24,148.07 | \$149,088.28 |
| 19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B) | \$73,049.64 | \$149,088.28 |
| 20. Expenses Paid by Committee (Section N) | \$64,262.80 | \$140,301.44 |
| 21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col) | \$8,786.84 | \$8,786.84 |
| 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) | \$1,483.59 | \$1,843.54 |
| 24. In-Kind Contributions Received (Section K) | \$0.00 | \$0.00 |
| 25. Refundable Deposit to Telephone Company (Section L) | \$0.00 | \$0.00 |
| 26. Beginning Loan Balance | \$0.00 | |
| 26a. + Loans Received (Section D) | \$0.00 | \$0.00 |
| 26b. + Interest and Penalties on Loan(s) | \$0.00 | \$0.00 |
| 26c. - Payments on Loan(s) | \$0.00 | \$0.00 |
| 26d. Total Outstanding Loan Amount | \$0.00 | |
| 27. Campaign Expenses Paid By Candidate (Section O) | \$0.00 | \$5,600.00 |
| 28. Expenses Incurred on Committee Credit Card (Section P) | \$0.00 | \$0.00 |
| 29. Expenses Incurred by Committee During this Period but Not Paid (Section Q) | \$0.00 | |
| 29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q) | \$0.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | TYPE OF REPORT | |
| Dita for CT | | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment | |
| A. Total Contributions from Small Contributors-Received this Period ONLY | | For Nonparticipating Candidates ONLY | |
| | | \$0.00 | |
| B. Itemized Contributions from Individuals | | | |

| | | | | | |
|--|--|--|---|------------------------------------|----------------------------------|
| Last Name BHARGAVA | | First CHARU | | MI | Contribution ID # 0826 |
| Residential Street Address 205 Lucinda Cir. | | City Ottawa | | State IL | Zip Code 61350 |
| Principal Occupation ACCOUNTANT | | | Name of Employer BHARGAVA 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 | | 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 01/01/2018 | |
| \$100.00- | | | | | |

| | | | | | |
|--|--|--|---|------------------------------------|----------------------------------|
| Last Name BHARGAVA | | First CHARU | | MI | Contribution ID # 0826 |
| Residential Street Address 205 Lucinda Cir . | | City Ottawa | | State ON | Zip Code |
| Principal Occupation ACCOUNTANT | | | Name of Employer BHARGAVA 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 | | 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 01/01/2018 | |
| \$100.00 | | | | | |

| | | | | | |
|--|--|--|---|------------------------------------|----------------------------------|
| Last Name BHARGAVA | | First ROHIT | | MI | Contribution ID # 0827 |
| Residential Street Address 128 W Lake Sammamish Pkwy SE | | City Bellevue | | State WA | Zip Code 98008-5207 |
| Principal Occupation EXECUTIVE | | | Name of Employer MICROSOFT 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 | | 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 01/02/2018 | |
| \$250.00 | | | | | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|--------------------------------|--|-----------------------------------|
| Last Name TANDLER | First MICHELLE | MI | Contribution ID # 0828 |
| Residential Street Address 1980 Washington St Apt 406 | City San Francisco | State CA | Zip Code 94109-2991 |
| Principal Occupation MANAGER | Name of Employer THUMB TACK | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 01/02/2018 |
| | | Aggregate Contributions \$36.00 | Amount of Contribution \$36.00 |

| | | | |
|--|---|--|------------------------------------|
| Last Name BALDUCCI | First AMY | MI | Contribution ID # 0829 |
| Residential Street Address 123 Valley Dr | City Greenwich | State CT | Zip Code 06831-5208 |
| Principal Occupation REAL ESTATE BROKER | Name of Employer SOTHEBYS INTERNATIONAL REALTY 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 01/02/2018 |
| | | Aggregate Contributions \$100.00 | Amount of Contribution \$100.00 |

| | | | |
|--|--------------------------------|--|------------------------------------|
| Last Name ROBBINS | First DEBORAH | MI | Contribution ID # 0830 |
| Residential Street Address 32 Calhoun Dr | City Greenwich | State CT | Zip Code 06831-4437 |
| 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 01/03/2018 |
| | | Aggregate Contributions \$100.00 | Amount of Contribution \$100.00 |

| | | | |
|--|--|--|----------------------------------|
| Last Name PLOUFFE | First GORDON | MI | Contribution ID # 0831 |
| Residential Street Address 146 Wells St | City Manchester | State CT | Zip Code 06040-6128 |
| Principal Occupation DISABLED | Name of Employer MANCHESTER COMMUNITY COLLEGE | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 01/05/2018 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|---|---------------------------------------|---|-----------------------------------|
| Last Name DRESLOUGH | First DEIRDRE | MI | Contribution ID # 0832 |
| Residential Street Address 18 Westwood Rd | City Storrs | State CT | Zip Code 06268-2410 |
| Principal Occupation MERCHANDISER/BOOK KEEPER | Name of Employer SPORTS MOGUL 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 01/05/2018 | 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 CLESSAS | First EDWARD | MI | Contribution ID # 0833 |
| Residential Street Address 12 Laurel St | City West Haven | State CT | Zip Code 06516-5762 |
| Principal Occupation SELF EMPLOYED | Name of Employer AGENT FOR SEVERAL FOREIGN FOREST PRODUCTS COMPANIE | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent 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 01/08/2018 | Aggregate Contributions \$10.00 |
| 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 \$10.00 | |

| | | | |
|---|--------------------------|---|-------------------------------------|
| Last Name HAMPEL | First AMIT | MI | Contribution ID # 0834 |
| Residential Street Address 906 McDowell Dr | City Greensboro | State NC | Zip Code 27408-6720 |
| Principal Occupation REAL ESTATE DEVELOPER | 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 01/08/2018 | 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 OSADCHEY | First SHERRY | MI | Contribution ID # 0835 |
| Residential Street Address 12 Clover Ct | City Avon | State CT | Zip Code 06001-3303 |
| Principal Occupation PSYCHOTHERAPIST IN PRIVATE PRACTICE | 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 01/09/2018 | 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 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-------------------------------------|
| Last Name KING | First LESLEY | MI | Contribution ID # 0836 |
| Residential Street Address 7 Bryon Rd | City Old Greenwich | State CT | Zip Code 06870-2133 |
| 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 01/10/2018 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|--|--|---|--------------------------------------|
| Last Name HOLMES | First ELIZABETH | MI | Contribution ID # 0837 |
| Residential Street Address 14 Radnor Mews | City London | State OH | Zip Code 43140 |
| Principal Occupation HOME-MAKER | 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 01/11/2018 | Aggregate Contributions \$200.00- |
| | | | Amount of Contribution \$100.00- |

| | | | |
|--|--|---|--------------------------------------|
| Last Name HOLMES | First JOEL | MI | Contribution ID # 0838 |
| Residential Street Address 14 Radnor Mews | City London | State OH | Zip Code 43140 |
| Principal Occupation TRADER | Name of Employer WESTPAC | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 01/11/2018 | Aggregate Contributions \$200.00- |
| | | | Amount of Contribution \$100.00- |

| | | | |
|--|--|---|-------------------------------------|
| Last Name POTNURU | First SRIDHAR | MI | Contribution ID # 0839 |
| Residential Street Address 6 Wiley Ln | City Newtown | State CT | Zip Code 06470-1812 |
| Principal Occupation SOFTWARE ENGINEER | Name of Employer GE | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 01/11/2018 | 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|---|---|---|---|
| Last Name KRANTZ | First KELSEY | MI | Contribution ID # 0840 |
| 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 01/11/2018 | Aggregate Contributions \$25.00 |
| | | Amount of Contribution \$10.00 | |

| | | | |
|---|---|---|--|
| Last Name HOLMES | First ELIZABETH | MI | Contribution ID # 0837 |
| Residential Street Address 14 Radnor Mews | City London | State UK | Zip Code |
| Principal Occupation HOME MAKER | 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 01/11/2018 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|---|---|---|--|
| Last Name HOLMES | First JOEL | MI | Contribution ID # 0838 |
| Residential Street Address 14 Radnor Mews | City London | State UK | Zip Code |
| Principal Occupation TRADER | Name of Employer WESTPAC | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="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 01/11/2018 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|---|---|---|--|
| Last Name BERNSTEIN | First SAMUEL | MI | Contribution ID # 0788 |
| Residential Street Address 355 Cascade Rd | City Stamford | State CT | Zip Code 06903 |
| Principal Occupation ATTORNEY | Name of Employer ZONE & BERNSTEIN , LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card | Date Received 01/11/2018 | 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|---|---------------------------|---|-----------------------------------|
| Last Name TRACY | First KAREN | MI | Contribution ID # 0841 |
| Residential Street Address 271 Castle Dr | City Stratford | State CT | Zip Code 06614-2568 |
| Principal Occupation SOFTWARE ENGINEER | Name of Employer TRACY | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="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 01/12/2018 |
| | | Aggregate Contributions \$25.00 | Amount of Contribution \$25.00 |

| | | | |
|---|---------------------------------------|---|-----------------------------------|
| Last Name LYSOBEY | First MARK | MI | Contribution ID # 0842 |
| Residential Street Address 25 Rayfield Rd | City Westport | State CT | Zip Code 06880-4526 |
| Principal Occupation CONTRACTOR | Name of Employer PINNACLE BUILDERS | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="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 01/12/2018 |
| | | Aggregate Contributions \$25.00 | Amount of Contribution \$25.00 |

| | | | |
|---|-----------------------------|---|----------------------------------|
| Last Name PORTER-PRICE | First MARY | MI | Contribution ID # 0843 |
| Residential Street Address PO Box 277 | City Canterbury | State CT | Zip Code 06331-0277 |
| 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 01/13/2018 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|---|--------------------------------------|---|-----------------------------------|
| Last Name MAHER | First CECI | MI | Contribution ID # 0844 |
| Residential Street Address 47 Sturges Ridge Rd | City Wilton | State CT | Zip Code 06897-3230 |
| Principal Occupation EXECUTIVE DIRECTOR | Name of Employer PERSON TO PERSON | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 01/13/2018 |
| | | 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|---|---|---|------------------------------------|
| Last Name KISH | First JAMES | MI | Contribution ID # 0845 |
| Residential Street Address 314 Wilton Rd W | City Ridgefield | State CT | Zip Code 06877-5532 |
| Principal Occupation SELF- EMPLOYED | Name of Employer JAMES KISH | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="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 01/14/2018 | Aggregate Contributions \$30.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|---|---|---|-------------------------------------|
| Last Name MALKANI | First SEEMA | MI | Contribution ID # 0846 |
| Residential Street Address 2320 W Wabansia Ave | City Chicago | State IL | Zip Code 60647-5302 |
| Principal Occupation DOCTOR | Name of Employer NORTHWESTERN SPECIALISTS FOR WOMEN | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="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 01/14/2018 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|---|---|---|------------------------------------|
| Last Name NUSBAUM | First PATRICIA | MI | Contribution ID # 0847 |
| Residential Street Address 86 Indian Harbor Dr | City Greenwich | State CT | Zip Code 06830-7148 |
| Principal Occupation REALTOR | Name of Employer SOTHEBY'S INTERNATIONAL REALTY | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 01/14/2018 | Aggregate Contributions \$50.00 |
| | | | Amount of Contribution \$50.00 |

| | | | |
|---|---|---|------------------------------------|
| Last Name RUIZ | First LILIAN | MI | Contribution ID # 0848 |
| Residential Street Address 33 Mead Ave | City Cos Cob | State CT | Zip Code 06807-2707 |
| 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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 01/14/2018 | 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|-----------------------------|--|-------------------------------------|
| Last Name RIESS | First MARIANNE | MI | Contribution ID # 0849 |
| Residential Street Address 818 Lake Ave | City Greenwich | State CT | Zip Code 06830-3029 |
| 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 01/15/2018 | 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 DUNLAP | First BRIANNA | MI | Contribution ID # 0850 |
| Residential Street Address 912 Palisado Ave | City Windsor | State CT | Zip Code 06095-1428 |
| Principal Occupation DEVELOPMENT AND COMMUNICATIONS COORDINATOR | Name of Employer CONNECTICUT FARMLAND TRUST | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 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 01/15/2018 | Aggregate Contributions \$10.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$10.00 | |

| | | | |
|--|--------------------------------|--|-------------------------------------|
| Last Name MENDIRATTA | First TARUN | MI | Contribution ID # 0851 |
| Residential Street Address 27 Whitewood Rd | City Newtown | State CT | Zip Code 06470-1560 |
| Principal Occupation MANAGER | Name of Employer PRUDENTIAL | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 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 01/16/2018 | 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 TIEU | First ALEXANDRA | MI | Contribution ID # 0852 |
| Residential Street Address 833 Americana Way Unit 451 | City Glendale | State CA | Zip Code 91210-1540 |
| Principal Occupation REAL ESTATE BROKER | Name of Employer MOVOTO | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 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 01/16/2018 | 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-------------------------------------|
| Last Name VENEZIANO | First STEVEN | MI | Contribution ID # 0853 |
| Residential Street Address 21 Whistler Ct Unit 408 | City Saratoga Springs | State NY | Zip Code 12866-8431 |
| Principal Occupation EXECUTIVE | Name of Employer GP FUND SOLUTIONS | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 01/18/2018 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|--|--|---|-------------------------------------|
| Last Name DECARO | First THOMAS | MI | Contribution ID # 0854 |
| Residential Street Address 15 Lafayette Ct Apt 4D | City Greenwich | State CT | Zip Code 06830-5311 |
| Principal Occupation EXECUTIVE | Name of Employer BENCHMARK TITLE AGENCY, 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 01/18/2018 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name HEPPELMANN | First PEGGY | MI | Contribution ID # 0855 |
| Residential Street Address 15 Wyngate Rd | City Greenwich | State CT | Zip Code 06830-4032 |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01182018A</u> | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 01/18/2018 | Aggregate Contributions \$50.00 |
| | | Amount of Contribution \$50.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name STEEL | First CATHRYN | MI | Contribution ID # 0856 |
| Residential Street Address 332 Stanwich Rd | City Greenwich | State CT | Zip Code 06830-3530 |
| Principal Occupation PR/MARKETING | 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 01/18/2018 | 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|---|--|-------------------------------------|
| Last Name SUTER | First JOAN | MI | Contribution ID # 0857 |
| Residential Street Address 71 Old Orchard Rd | City Riverside | State CT | Zip Code 06878-1029 |
| Principal Occupation REAL ESTATE SALES | Name of Employer WILLIAM RAVEIS | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child 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>01182018A</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 01/18/2018 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|--|---|--|-------------------------------------|
| Last Name RECCHIA | First PAIGE | MI | Contribution ID # 0858 |
| Residential Street Address 15 Holly Way | City Cos Cob | State CT | Zip Code 06807-1715 |
| Principal Occupation HOMEMAKER | Name of Employer HOMEMAKER | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01182018A</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 01/18/2018 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|--|---|--|-------------------------------------|
| Last Name VITANZA | First MAUREEN | MI | Contribution ID # 0859 |
| Residential Street Address 98 Londonderry Dr | City Greenwich | State CT | Zip Code 06830-3536 |
| Principal Occupation HOMEMAKER | Name of Employer HOMEMAKER | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 01/18/2018 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|--|---|--|------------------------------------|
| Last Name KUKAT | First RUTH | MI | Contribution ID # 0860 |
| Residential Street Address 40 Hearthstone Dr | City Riverside | State CT | Zip Code 06878-1807 |
| Principal Occupation REAL ESTATE | 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01182018A</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 01/18/2018 | 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|---|---|-----------------------------------|
| Last Name TRACY | First MAURA | MI | Contribution ID # 0861 |
| Residential Street Address 5314 Fairway Dr | City Madison | State WI | Zip Code 53711-1039 |
| Principal Occupation CONSULTANT | Name of Employer DITA FOR CT | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 01/18/2018 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|---|---|-------------------------------------|
| Last Name JULIUS | First THOMAS | MI | Contribution ID # 0862 |
| Residential Street Address 15 Lafayette Ct Apt 4D | City Greenwich | State CT | Zip Code 06830-5311 |
| Principal Occupation CONTRACTOR | Name of Employer SELF | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 01/18/2018 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|--|---|---|-------------------------------------|
| Last Name BRIEN | First ANASTASIA | MI | Contribution ID # 0789 |
| Residential Street Address 54 Orchard Dr | City Greenwich | State CT | Zip Code 06830-6712 |
| Principal Occupation RETIRED | Name of Employer RETIRED | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01182018A</u> | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card | Date Received 01/18/2018 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|--|---|---|-------------------------------------|
| Last Name RAEZER | First MELISSA | MI | Contribution ID # 0790 |
| Residential Street Address 336 Stanwich Rd | City Greenwich | State CT | Zip Code 06830-3530 |
| Principal Occupation LANDSCAPE DESIGN | Name of Employer SELF | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01182018A</u> | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card | Date Received 01/18/2018 | 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|-----------------------------|--|------------------------------------|
| Last Name ELLOVICH | First ALICE | MI | Contribution ID # 0791 |
| Residential Street Address 1 Gold St # 5E | City Hartford | State CT | Zip Code 06103 |
| Principal Occupation RETIRED | Name of Employer RETIRED | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child 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>01212018A</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 01/18/2018 |
| | | Aggregate Contributions \$100.00 | Amount of Contribution \$100.00 |

| | | | |
|--|--------------------------------------|--|-----------------------------------|
| Last Name HUDNER | First JENNIFER | MI | Contribution ID # 0792 |
| Residential Street Address 105 Coach Rd | City Glastonbury | State CT | Zip Code 06033-3237 |
| Principal Occupation SOCIAL WORKER | Name of Employer BUILDING BRIDGES | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child 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>01212018A</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 01/19/2018 |
| | | Aggregate Contributions \$25.00 | Amount of Contribution \$25.00 |

| | | | |
|--|-----------------------------|--|------------------------------------|
| Last Name MURRAY | First CHARLIE | MI | Contribution ID # 0793 |
| Residential Street Address 118 Marilyn Dr | City Glastonbury | State CT | Zip Code 06033-4131 |
| Principal Occupation RETIRED | Name of Employer RETIRED | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01212018A</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 01/19/2018 |
| | | Aggregate Contributions \$100.00 | Amount of Contribution \$100.00 |

| | | | |
|--|---|--|-----------------------------------|
| Last Name MATHUR | First PRABODH | MI | Contribution ID # 0863 |
| Residential Street Address 27665 Manor Hill Rd | City Laguna Niguel | State CA | Zip Code 92677-6045 |
| Principal Occupation ENGINEER | Name of Employer AXONICS MODULATION 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 01/19/2018 |
| | | Aggregate Contributions \$99.00 | Amount of Contribution \$99.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|-----------------------------|---|------------------------------------|
| Last Name MCSPEDON | First THERESA | MI | Contribution ID # 0864 |
| Residential Street Address 16 Old Stone Rd | City Gaylordsville | State CT | Zip Code 06755-1115 |
| 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 01/19/2018 | Aggregate Contributions \$10.00 |
| 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 \$10.00 | |

| | | | |
|--|-----------------------------------|---|-------------------------------------|
| Last Name DUFFY | First MARY JO | MI | Contribution ID # 0865 |
| Residential Street Address 66 Spring Lake Pl NW | City Atlanta | State GA | Zip Code 30318-1646 |
| Principal Occupation CONSULTANT | Name of Employer SELF EMPLOYED | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 01/19/2018 | 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 KARANDIKAR | First MANGESH | MI | Contribution ID # 0866 |
| Residential Street Address 152 Signal Hill Rd | City Wilton | State CT | Zip Code 06897-1934 |
| Principal Occupation PROGRAM DIRECTOR | Name of Employer UBS | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 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 01/19/2018 | 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 DAPTARDAR | First JAYA | MI | Contribution ID # 0867 |
| Residential Street Address 25 Old Farm Rd | City Weston | State CT | Zip Code 06883-1035 |
| Principal Occupation SERVICE | Name of Employer MCCA | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 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 01/20/2018 | Aggregate Contributions \$50.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$50.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|--|
| Last Name REDMAN | First JIM | MI | Contribution ID # 0868 |
| Residential Street Address 47 Pool Rd | City North Haven | State CT | Zip Code 06473-2711 |
| Principal Occupation GRAVEDIGGER | Name of Employer EAST LAWN ASSOCIATION, INC. | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 01/20/2018 | 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 \$50.00 | |

| | | | |
|--|--------------------------------|---|--|
| Last Name PALLADINO | First ANN MARIE | MI | Contribution ID # 0869 |
| Residential Street Address 452 Hoyt Farm Rd | City New Canaan | State CT | Zip Code 06840-5050 |
| Principal Occupation NURSE/HOMEMAKER | 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 01/20/2018 | 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 CHANDLER | First LISA | MI | Contribution ID # 0870 |
| Residential Street Address 75 Lenti Ter | City Glastonbury | State CT | Zip Code 06033-4154 |
| Principal Occupation RETIRED | Name of Employer RETIRED | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 01212018A | | Date Received 01/21/2018 | Aggregate Contributions \$50.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$50.00 | |

| | | | |
|--|---------------------------------|---|---|
| Last Name HILLSON | First BETH | MI | Contribution ID # 0871 |
| Residential Street Address 262 Cedar Ridge Dr | City Glastonbury | State CT | Zip Code 06033-1836 |
| Principal Occupation WRITER EDITOR ACTIVIST | 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 # 01212018A | | Date Received 01/21/2018 | Aggregate Contributions \$50.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$50.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|---|---|-------------------------------------|
| Last Name ALLEN | First CHRISTOPHER | MI | Contribution ID # 0872 |
| Residential Street Address 1025 1st St SE Apt 1015 | City Washington | State DC | Zip Code 20003-5328 |
| Principal Occupation POLITICAL 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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 01/22/2018 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|--|---|---|-------------------------------------|
| Last Name SCHWARTZ | First LYNN | MI | Contribution ID # 0873 |
| Residential Street Address 8 Middle Way | City Old Greenwich | State CT | Zip Code 06870-2405 |
| Principal Occupation HOMEMAKER | 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 01/22/2018 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|--|---|---|-------------------------------------|
| Last Name RUDOLPH | First SUSAN | MI | Contribution ID # 0874 |
| Residential Street Address 3 Ponderosa Dr | City Greenwich | State CT | Zip Code 06830-4010 |
| Principal Occupation RETIRED | Name of Employer RETIRED | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>02082018A</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 01/23/2018 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|--|---|---|-------------------------------------|
| Last Name STARK | First HILARY | MI | Contribution ID # 0875 |
| Residential Street Address 12 Marlow Ct | City Riverside | State CT | Zip Code 06878-2614 |
| Principal Occupation COLLEGE CONSULTANT | 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01232018A</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 01/23/2018 | 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|---|---|-------------------------------------|
| Last Name WOODWORTH | First BILL | MI | Contribution ID # 0876 |
| Residential Street Address 39 W Brother Dr | City Greenwich | State CT | Zip Code 06830-6726 |
| Principal Occupation REALTOR | Name of Employer NE PRIVATE REALTY 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 01/23/2018 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|--|---|---|------------------------------------|
| Last Name GOODWIN | First NANCY | MI | Contribution ID # 0877 |
| Residential Street Address 29 Applewood Ln | City Glastonbury | State CT | Zip Code 06033-3801 |
| 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 01/23/2018 | Aggregate Contributions \$50.00 |
| | | Amount of Contribution \$50.00 | |

| | | | |
|--|---|---|------------------------------------|
| Last Name GREENE | First NICOLE | MI | Contribution ID # 0878 |
| Residential Street Address 156 Woodbury Ave | City Stamford | State CT | Zip Code 06907-1931 |
| Principal Occupation MARKETING | Name of Employer GARTNER | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child 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>01232018A</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 01/23/2018 | Aggregate Contributions \$25.00 |
| | | Amount of Contribution \$25.00 | |

| | | | |
|--|---|---|------------------------------------|
| Last Name BUSH | First JONATHAN | MI | Contribution ID # 0879 |
| Residential Street Address 5 Lakeview Dr | City Easton | State CT | Zip Code 06612-1700 |
| Principal Occupation TAX COUNSEL | Name of Employer STANLEY BLACK & DECKER | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child 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>01232018A</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 01/23/2018 | Aggregate Contributions \$75.00 |
| | | Amount of Contribution \$75.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|--------------------------|--|------------------------------------|
| Last Name KIRWAN-HAYDEN | First NANCY | MI | Contribution ID # 0880 |
| Residential Street Address 9 Old Easton Tpke | City Weston | State CT | Zip Code 06883-2443 |
| Principal Occupation WRITER | Name of Employer SELF | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01232018A</u> | | Date Received 01/23/2018 | 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 CHIKUNI | First MICHAEL | MI | Contribution ID # 0881 |
| Residential Street Address 15 Soundview Farm | City Weston | State CT | Zip Code 06883-2636 |
| Principal Occupation SALES EXECUTIVE | Name of Employer AMAZON | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child 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>01232018A</u> | | Date Received 01/23/2018 | 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 BOSTON | First JOHN | MI | Contribution ID # 0794 |
| Residential Street Address 78 Lyons Plain Rd | City Weston | State CT | Zip Code 06883-3020 |
| Principal Occupation PRESIDENT | Name of Employer RAW MEDIA NETWORK | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child 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>01232018A</u> | | Date Received 01/23/2018 | Aggregate Contributions \$50.00 |
| 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 \$50.00 | |

| | | | |
|--|----------------------------------|--|------------------------------------|
| Last Name BUSH | First NICOLE | MI | Contribution ID # 0795 |
| Residential Street Address 5 Lakeview Dr | City Easton | State CT | Zip Code 06612-1700 |
| Principal Occupation OWNER, BAKER | Name of Employer PIE BABY 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01232018A</u> | | Date Received 01/23/2018 | Aggregate Contributions \$75.00 |
| 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 \$75.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|---|--|--|
| Last Name FINNEGAN | First MARY | MI | Contribution ID # 0796 |
| Residential Street Address 10 Farm Creek Rd | City Norwalk | State CT | Zip Code 06853-1505 |
| Principal Occupation DESIGNER | Name of Employer ARTIST AT WORK | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child 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 # 01232018A | | Date Received 01/23/2018 | 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 FULTON | First CHRISTINE | MI | Contribution ID # 0797 |
| Residential Street Address 78 Lyons Rd | City Weston | State CT | Zip Code 06883 |
| Principal Occupation PRODUCER | Name of Employer RAW MEDIA | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child 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 # 01232018A | | Date Received 01/23/2018 | Aggregate Contributions \$50.00 |
| 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 \$50.00 | |

| | | | |
|--|---|--|--|
| Last Name ABELES | First MURRAY | MI | Contribution ID # 0882 |
| Residential Street Address 3185 Crescent St Apt 402 | City Astoria | State NY | Zip Code 11106-3711 |
| Principal Occupation FINANCIAL ADVISOR | Name of Employer FRANCO FINANCIAL 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 01/24/2018 | 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 AUERBACH | First JASON | MI | Contribution ID # 0883 |
| Residential Street Address 18 Field Rd | City Riverside | State CT | Zip Code 06878-2327 |
| Principal Occupation MORTGAGE BANKER | Name of Employer BANK OF AMERICA | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 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 01/24/2018 | 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-------------------------------------|
| Last Name SCANLAN | First BRIAN | MI | Contribution ID # 0884 |
| Residential Street Address 277 Old Church Rd | City Greenwich | State CT | Zip Code 06830-4818 |
| 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 01/24/2018 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name CLESSAS | First EDWARD | MI | Contribution ID # 0885 |
| Residential Street Address 12 Laurel St | City West Haven | State CT | Zip Code 06516-5762 |
| Principal Occupation SELF EMPLOYED | Name of Employer AGENT FOR SEVERAL FOREIGN FOREST PRODUCTS COMPANIE | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 01/24/2018 | Aggregate Contributions \$15.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-------------------------------------|
| Last Name FILMER | First SANDRA | MI | Contribution ID # 0886 |
| Residential Street Address 10 Harriet Ln | City Darien | State CT | Zip Code 06820-4802 |
| Principal Occupation RETIRED | Name of Employer RETIRED | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 01/24/2018 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$50.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name LANSING | First JANICE | MI | Contribution ID # 0887 |
| Residential Street Address 46 Old Sawmill Rd | City Trumbull | State CT | Zip Code 06611-3355 |
| Principal Occupation WOMEN'S CLOTHING PATTERN MAKER | Name of Employer SELF EMPLOYED - JANICE K LANSING PATTERNS | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 01/24/2018 | 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|---|---|------------------------------------|
| Last Name MACDONALD | First MORAG | MI | Contribution ID # 0888 |
| Residential Street Address 19 Grant Hill Rd | City Bloomfield | State CT | Zip Code 06002-2252 |
| Principal Occupation IN-HOME THERAPIST | Name of Employer WALDEN COMMUNITY 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 01/24/2018 | Aggregate Contributions \$25.00 |
| | | Amount of Contribution \$25.00 | |

| | | | |
|--|---|---|-------------------------------------|
| Last Name LORENZ | First STEVE | MI | Contribution ID # 0889 |
| Residential Street Address 7 Castle Ct | City Greenwich | State CT | Zip Code 06830-4001 |
| Principal Occupation PARTNER | Name of Employer GREENWICH GROUP INTERNATIONAL | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="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 01/25/2018 | Aggregate Contributions \$300.00 |
| | | Amount of Contribution \$50.00 | |

| | | | |
|--|---|---|------------------------------------|
| Last Name DONAHUE | First JOHN A | MI | Contribution ID # 0890 |
| Residential Street Address 34 Hitop Hill Rd Box 62 | City Voluntown | State CT | Zip Code 06384-1812 |
| 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 01/25/2018 | Aggregate Contributions \$50.00 |
| | | Amount of Contribution \$50.00 | |

| | | | |
|--|---|---|-------------------------------------|
| Last Name BREHENY | First FRANCESCA | MI | Contribution ID # 0891 |
| Residential Street Address 341 Stanwich Rd | City Greenwich | State CT | Zip Code 06830-3522 |
| Principal Occupation STAY-AT-HOME MOM | 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 01/25/2018 | 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|---|--|---|--|
| Last Name BREHENEY | First MICHAEL | MI | Contribution ID # 0892 |
| Residential Street Address 341 Stanwich Rd | City Greenwich | State CT | Zip Code 06830-3522 |
| Principal Occupation MANAGING DIRECTOR OF EQUITY SALES | 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 # | | Date Received 01/25/2018 | 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 CABRERA | First MIOSOTIS | MI | Contribution ID # 0893 |
| Residential Street Address 249 Bedford Rd | City Greenwich | State CT | Zip Code 06831-2647 |
| Principal Occupation STAY-AT-HOME MOM | 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 01/25/2018 | 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 BUCHSBAUM | First MATT | MI | Contribution ID # 0894 |
| Residential Street Address 434 Cognewaugh Rd | City Cos Cob | State CT | Zip Code 06807-1107 |
| Principal Occupation INVESTOR | Name of Employer UBS | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 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 01/25/2018 | 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 EBRAHIMI | First SUMI | MI | Contribution ID # 0895 |
| Residential Street Address 16 Arrowhead Way | City Darien | State CT | Zip Code 06820-5504 |
| Principal Occupation COMPLIANCE COORDINATOR | Name of Employer INTERACTIVE BROKERS 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 # | | Date Received 01/25/2018 | 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|---|---|---|---|
| Last Name FITZGIBBONS | First MARCIA | MI | Contribution ID # 0896 |
| Residential Street Address 38 Indian Hill Rd | City Monroe | State CT | Zip Code 06468-2861 |
| 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 01/25/2018 | Aggregate Contributions \$25.00 |
| | | Amount of Contribution \$25.00 | |

| | | | |
|---|---|---|---|
| Last Name VAGLIVELO | First ALAN | MI | Contribution ID # 0897 |
| Residential Street Address 25 School St | City Monroe | State CT | Zip Code 06468-2131 |
| Principal Occupation TEACHER | Name of Employer NORWALK PUBLIC SCHOOLS | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="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 01/25/2018 | Aggregate Contributions \$10.00 |
| | | Amount of Contribution \$10.00 | |

| | | | |
|---|---|---|--|
| Last Name FLORIN | First DAISY | MI | Contribution ID # 0898 |
| Residential Street Address 13 Ivanhoe Ln | City Greenwich | State CT | Zip Code 06830-3925 |
| Principal Occupation WRITER | Name of Employer SELF EMPLOYED | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 01/26/2018 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|---|---|---|---|
| Last Name PAGE | First LIANE | MI | Contribution ID # 0899 |
| Residential Street Address 369 Orange Center Rd | City Orange | State CT | Zip Code 06477-3441 |
| Principal Occupation MANAGER | Name of Employer DOUGLAS COFFIN 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 01/26/2018 | 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|--------------------------|--|-------------------------------------|
| Last Name HARDING | First MARGARET | MI | Contribution ID # 0900 |
| Residential Street Address 45 Barn Hill Rd | City Greenwich | State CT | Zip Code 06831-2801 |
| 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 01/26/2018 | 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 ADAMICK | First MIKE | MI | Contribution ID # 0901 |
| Residential Street Address 2123 Castro St | City San Francisco | State CA | Zip Code 94131-2224 |
| Principal Occupation WRITER/DAD | Name of Employer FREELANCE/DAUGHTER | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 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 01/26/2018 | 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 COCA | First STEVEN | MI | Contribution ID # 0902 |
| Residential Street Address 181 W Norwalk Rd | City Norwalk | State CT | Zip Code 06850-4312 |
| Principal Occupation PHYSICIAN | Name of Employer MT SINAI | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 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 01/26/2018 | 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 HENRY | First NATHAN | MI | Contribution ID # 0903 |
| Residential Street Address 10 Oxwood Cir | City Madison | State WI | Zip Code 53717-1318 |
| 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 # | | Date Received 01/26/2018 | Aggregate Contributions \$10.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$10.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|--------------------------|--|-------------------------------------|
| Last Name SACHS | First KIMBERLY | MI | Contribution ID # 0904 |
| Residential Street Address 235 Stanwich Rd | City Greenwich | State CT | Zip Code 06830-3501 |
| Principal Occupation HOMEMAKER | Name of Employer NONE | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 01/27/2018 | 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 ZHAO | First JANE | MI | Contribution ID # 0905 |
| Residential Street Address 94 Londonderry Dr | City Greenwich | State CT | Zip Code 06830-3536 |
| Principal Occupation NOT EMPLOYED | 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 01/28/2018 | 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 DELL'ABATE | First GARY | MI | Contribution ID # 0906 |
| Residential Street Address 2 Old Farm Ln | City Old Greenwich | State CT | Zip Code 06870-1021 |
| Principal Occupation PRODUCER | Name of Employer SIRIUS | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 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 01/28/2018 | 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 BURNETT | First EUNICE | MI | Contribution ID # 0907 |
| Residential Street Address 66 Upper Cross Rd | City Greenwich | State CT | Zip Code 06831-2703 |
| Principal Occupation HOMEMAKER | 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 01/28/2018 | Aggregate Contributions \$100.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$100.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|---|---|-------------------------------------|
| Last Name DUPREE | First LAUREN | MI | Contribution ID # 0908 |
| Residential Street Address 65 Houston Ter | City Stamford | State CT | Zip Code 06902-4401 |
| Principal Occupation ADMISSIONS | Name of Employer WATERSIDE SCHOOL | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 01/28/2018 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|--|---|---|-------------------------------------|
| Last Name EGAN | First PATRICK | MI | Contribution ID # 0909 |
| Residential Street Address 325 E 72nd St # 14A | City New York | State NY | Zip Code 10021-4685 |
| Principal Occupation CONSULTANT | 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 01/28/2018 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|--|---|---|------------------------------------|
| Last Name RHODES | First PHYLLIS | MI | Contribution ID # 0910 |
| Residential Street Address 116 Gallows Hill Rd | City Redding | State CT | Zip Code 06896-1409 |
| Principal Occupation CONSULTANT | Name of Employer RW 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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 01/29/2018 | Aggregate Contributions \$50.00 |
| | | | Amount of Contribution \$50.00 |

| | | | |
|--|---|---|-------------------------------------|
| Last Name RAMAN | First SAI | MI | Contribution ID # 0911 |
| Residential Street Address 23 Emery Dr | City Stamford | State CT | Zip Code 06902-1904 |
| Principal Occupation INSURANCE | Name of Employer AIG | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="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 01/29/2018 | 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|-------------------------|--|-----------------------------------|
| Last Name TUMINO | First JOHN | MI | Contribution ID # 0912 |
| Residential Street Address 169 Jordan Rd | City Emerson | State NJ | Zip Code 07630-1421 |
| Principal Occupation SPECIAL AGENT | Name of Employer FBI | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 01/29/2018 |
| | | Aggregate Contributions \$50.00 | Amount of Contribution \$50.00 |

| | | | |
|--|------------------------------------|--|-----------------------------------|
| Last Name COMISKEY | First DEVIN | MI | Contribution ID # 0913 |
| Residential Street Address 122 Wolfpit Rd | City Wilton | State CT | Zip Code 06897-3413 |
| Principal Occupation IT DIRECTOR | Name of Employer ETOUCHES, 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 01/29/2018 |
| | | Aggregate Contributions \$25.00 | Amount of Contribution \$25.00 |

| | | | |
|--|--------------------------|--|------------------------------------|
| Last Name TILLINGHAST DUBITSKY | First PAMELA | MI | Contribution ID # 0914 |
| Residential Street Address 15 Park Ave | City Larchmont | State NY | Zip Code 10538-4221 |
| Principal Occupation HOMEMAKER/ATTORNEY | 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 01/29/2018 |
| | | Aggregate Contributions \$100.00 | Amount of Contribution \$100.00 |

| | | | |
|--|-------------------------------|--|------------------------------------|
| Last Name FRAME | First PAMELA | MI | Contribution ID # 0915 |
| Residential Street Address 2 Zaccheus Mead Ln | City Greenwich | State CT | Zip Code 06831-4453 |
| 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 01/29/2018 |
| | | 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|---|---|-------------------------------------|
| Last Name ROSS | First SHELLEY | MI | Contribution ID # 0916 |
| Residential Street Address 28 Old Hill Farms Rd | City Westport | State CT | Zip Code 06880-3037 |
| Principal Occupation LIBRARIAN | Name of Employer WESTPORT PUBLIC LIBRARY | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="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 01/29/2018 | Aggregate Contributions \$375.00 |
| | | | Amount of Contribution \$375.00 |

| | | | |
|--|---|---|-------------------------------------|
| Last Name GOLDBERG | First STEVEN | MI | Contribution ID # 0917 |
| Residential Street Address 548 Stanwich Rd | City Greenwich | State CT | Zip Code 06831-3129 |
| Principal Occupation HEDGEFUND MANAGER | Name of Employer CITADEL | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="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 01/29/2018 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|--|---|---|------------------------------------|
| Last Name LUNDGREN | First MARY JANE | MI | Contribution ID # 0918 |
| Residential Street Address 89 Cherniske Rd | City New Milford | State CT | Zip Code 06776-4922 |
| 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 01/29/2018 | Aggregate Contributions \$50.00 |
| | | | Amount of Contribution \$50.00 |

| | | | |
|--|---|---|-------------------------------------|
| Last Name SINHA | First PUSHKAR | MI | Contribution ID # 0798 |
| Residential Street Address 1510 Secretariat Gate Way | City Woodstock | State GA | Zip Code 30188 |
| 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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card | Date Received 01/29/2018 | 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|---|--|------------------------------------|
| Last Name FISHMAN | First LAURA | MI | Contribution ID # 0919 |
| Residential Street Address 2 Larch Tree Ln | City Westport | State CT | Zip Code 06880-1120 |
| Principal Occupation FAMILY THERAPIST | Name of Employer LAURA FISHMAN FAMILY THERAPY, 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 01/30/2018 |
| | | Aggregate Contributions \$725.00 | Amount of Contribution \$100.00 |

| | | | |
|--|-----------------------------|--|----------------------------------|
| Last Name MCSPEDON | First THERESA | MI | Contribution ID # 0920 |
| Residential Street Address 16 Old Stone Rd | City Gaylordsville | State CT | Zip Code 06755-1115 |
| 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 01/30/2018 |
| | | Aggregate Contributions \$15.00 | Amount of Contribution \$5.00 |

| | | | |
|--|---|--|------------------------------------|
| Last Name GRUNBERG | First MICHAEL | MI | Contribution ID # 0921 |
| Residential Street Address 82 Buckfield Ln | City Greenwich | State CT | Zip Code 06831-2643 |
| Principal Occupation INVESTOR | Name of Employer GRUNBERG MANAGEMENT | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 01/30/2018 |
| | | Aggregate Contributions \$100.00 | Amount of Contribution \$100.00 |

| | | | |
|--|--------------------------|--|------------------------------------|
| Last Name HAKIM | First BARBARA | MI | Contribution ID # 0922 |
| Residential Street Address 14 Stillman Ln | City Greenwich | State CT | Zip Code 06831-4456 |
| Principal Occupation STAY AT HOME MOTHER | Name of Employer NONE | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 01/30/2018 |
| | | 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-------------------------------------|
| Last Name HAMRE | First MARETA | MI | Contribution ID # 0923 |
| Residential Street Address 42 Sherwood Ave | City Greenwich | State CT | Zip Code 06831-3249 |
| Principal Occupation PASTOR | Name of Employer FIRST CHURCH OF ROUND HILL | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 01/30/2018 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name HAUSER | First KATE | MI | Contribution ID # 0924 |
| Residential Street Address 24 Old Redding Rd | City Weston | State CT | Zip Code 06883-2623 |
| Principal Occupation INTERIOR DESIGNER | 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 01/30/2018 | Aggregate Contributions \$50.00 |
| | | Amount of Contribution \$50.00 | |

| | | | |
|--|--|---|-----------------------------------|
| Last Name CAMPBELL | First ELIZABETH | MI | Contribution ID # 0925 |
| Residential Street Address 354 Woodbury Rd Apt 5 | City Watertown | State CT | Zip Code 06795-1732 |
| Principal Occupation AUTHOR | 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 01/30/2018 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|--|---|-----------------------------------|
| Last Name POPESCU | First PATRICK | MI | Contribution ID # 0926 |
| Residential Street Address 52 Trinity Ave | City Glastonbury | State CT | Zip Code 06033-1336 |
| Principal Occupation PHARMACIST | Name of Employer WALGREENS | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 01/30/2018 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|-----------------------------------|--|-------------------------------------|
| Last Name HILSON | First DWIGHT | MI | Contribution ID # 0927 |
| Residential Street Address 68 Angus Rd N | City Greenwich | State CT | Zip Code 06831-4307 |
| Principal Occupation WRITER | Name of Employer SELF EMPLOYED | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 01/30/2018 | 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 HILSON | First MINDY | MI | Contribution ID # 0928 |
| Residential Street Address 68 Angus Rd N | City Greenwich | State CT | Zip Code 06831-4307 |
| Principal Occupation RETIRED PHYSICAL THERAPIST | Name of Employer NONE | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 01/30/2018 | 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 CARUSONE | First RACHEL | MI | Contribution ID # 0929 |
| Residential Street Address 34 Trails End Rd | City Weston | State CT | Zip Code 06883-1223 |
| Principal Occupation MOM | Name of Employer MY FAMILY | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 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 01/30/2018 | Aggregate Contributions \$100.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$100.00 | |

| | | | |
|--|-----------------------------------|--|-------------------------------------|
| Last Name HANDLER | First ANDREW | MI | Contribution ID # 0930 |
| Residential Street Address 44 Lower Cross Rd | City Greenwich | State CT | Zip Code 06831-3002 |
| Principal Occupation COMMODITIES | 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 01/30/2018 | Aggregate Contributions \$100.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$100.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|---|---|---|------------------------------------|
| Last Name GORJANC | First ANN | MI | Contribution ID # 0931 |
| Residential Street Address 62 Cottage St | City Unionville | State CT | Zip Code 06085-1108 |
| Principal Occupation PA | Name of Employer CCMC | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="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 01/30/2018 | Aggregate Contributions \$75.00 |
| | | | Amount of Contribution \$25.00 |

| | | | |
|---|---|---|-------------------------------------|
| Last Name HANSEN | First KARIN | MI | Contribution ID # 0932 |
| Residential Street Address 182 Milbank Ave Unit B | City Greenwich | State CT | Zip Code 06830-6627 |
| Principal Occupation UNIVERSITY OF CALIFORNIA AT BERKELEY | Name of Employer PROGRAMMER | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="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 01/31/2018 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|---|---|---|-------------------------------------|
| Last Name KANTORSKI | First JOSEPH | MI | Contribution ID # 0933 |
| Residential Street Address 38 William St | City Greenwich | State CT | Zip Code 06830-5639 |
| Principal Occupation GRAPHIC DESIGNER | 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 01/31/2018 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|---|---|---|-------------------------------------|
| Last Name KUMAR | First HIRU | MI | Contribution ID # 0934 |
| Residential Street Address 91 Strawberry Hill Ave | City Stamford | State CT | Zip Code 06902-2762 |
| Principal Occupation RISK ANALYST | 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 01/31/2018 | 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|-------------------------------------|---|-----------------------------------|
| Last Name MARKOVITS | First MICHAEL | MI | Contribution ID # 0935 |
| Residential Street Address 25 Forest St # 17C | City Stamford | State CT | Zip Code 06901-1850 |
| Principal Occupation EXECUTIVE DIRECTOR | Name of Employer ACHIEVE MISSION | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="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 01/31/2018 |
| | | Aggregate Contributions \$50.00 | Amount of Contribution \$50.00 |

| | | | |
|--|------------------------|---|------------------------------------|
| Last Name MCKENNA | First LOUISE | MI | Contribution ID # 0936 |
| Residential Street Address 3 Kensington Ct | City Old Greenwich | State CT | Zip Code 06870-1500 |
| Principal Occupation DOMESTIC ENGINEER | 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 01/31/2018 |
| | | Aggregate Contributions \$100.00 | Amount of Contribution \$100.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name PARSONS | First TRACY | MI | Contribution ID # 0937 |
| Residential Street Address 8 N Crossway | City Old Greenwich | State CT | Zip Code 06870-2424 |
| Principal Occupation REAL ESTATE | Name of Employer BERKSHIRE HATHAWAY | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="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 01/31/2018 |
| | | Aggregate Contributions \$100.00 | Amount of Contribution \$100.00 |

| | | | |
|--|----------------------------------|---|------------------------------------|
| Last Name MANNING | First SARAH | MI | Contribution ID # 0938 |
| Residential Street Address 24 North Ave | City Westport | State CT | Zip Code 06880-2717 |
| Principal Occupation MOM | Name of Employer TINY TYRANTS | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="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 01/31/2018 |
| | | 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-------------------------------------|
| Last Name COHAN | First CATHERINE | MI | Contribution ID # 0939 |
| Residential Street Address 25 Wallacks Dr | City Stamford | State CT | Zip Code 06902-7114 |
| Principal Occupation CONSULTANT | Name of Employer TBC | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 01/31/2018 | Aggregate Contributions \$475.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name RIKER | First RUSTY | MI | Contribution ID # 0940 |
| Residential Street Address 99 Clark St Apt 2 | City Milford | State CT | Zip Code 06460-3202 |
| Principal Occupation PREPRESS | Name of Employer PAPERHAT 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 01/31/2018 | Aggregate Contributions \$10.00 |
| | | | Amount of Contribution \$10.00 |

| | | | |
|--|--|---|-------------------------------------|
| Last Name CAHILL | First ELENA | MI | Contribution ID # 0941 |
| Residential Street Address 29 Seaview Ave | City Branford | State CT | Zip Code 06405-5419 |
| Principal Occupation PROFESSOR/DIRECTOR OF SEC/PRESIDENT OF GLOBELE | Name of Employer UNIVERSITY OF BRIDGEPORT/GLOBELE 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 01/31/2018 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name GORIN | First JENIFER | MI | Contribution ID # 0942 |
| Residential Street Address 21 High Point Rd | City Westport | State CT | Zip Code 06880-3906 |
| Principal Occupation SELF EMPLOYED | 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 01/31/2018 | 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|--|--|-----------------------------------|
| Last Name HARISH | First UTTA | MI | Contribution ID # 0943 |
| Residential Street Address 997 Hunter Ln | City Fremont | State CA | Zip Code 94539-6035 |
| Principal Occupation CFO | Name of Employer YPOINT CAPITAL, 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 01/31/2018 | Aggregate Contributions \$5.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$5.00 | |

| | | | |
|--|--------------------------|--|------------------------------------|
| Last Name LUKASON | First SAYRE S | MI | Contribution ID # 0944 |
| Residential Street Address 23 Clark St | City Old Greenwich | State CT | Zip Code 06870-2228 |
| Principal Occupation EDICATOR | Name of Employer SELF | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 01/31/2018 | 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 COHEN | First BEVERLY | MI | Contribution ID # 0945 |
| Residential Street Address 62 Clubhouse Dr | City Cromwell | State CT | Zip Code 06416-2564 |
| Principal Occupation MANAGER | Name of Employer CONGRESS ROTISSERIE | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 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 01/31/2018 | Aggregate Contributions \$25.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$25.00 | |

| | | | |
|--|---------------------------------|--|-----------------------------------|
| Last Name CAMPOS | First MAGGIE | MI | Contribution ID # 0946 |
| Residential Street Address 87 Eastridge Dr | City Waterbury | State CT | Zip Code 06708-3320 |
| Principal Occupation LAW ENFORCEMENT | Name of Employer STATE OF CT | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 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 01/31/2018 | Aggregate Contributions \$5.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$5.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|---|---|------------------------------------|
| Last Name DALAL | First DIPALI | MI | Contribution ID # 0947 |
| Residential Street Address 10 Squire Ct | City Trumbull | State CT | Zip Code 06611-2502 |
| Principal Occupation TECH PROFESSIONAL | Name of Employer TBD | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="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 01/31/2018 | Aggregate Contributions \$50.00 |
| | | Amount of Contribution \$50.00 | |

| | | | |
|--|---|---|-------------------------------------|
| Last Name RAMOS | First MARYANN | MI | Contribution ID # 0948 |
| Residential Street Address 12 Glenville St | City Greenwich | State CT | Zip Code 06831-3638 |
| Principal Occupation RETIRED | Name of Employer RETIRED | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="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 01/31/2018 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|--|---|---|-------------------------------------|
| Last Name VYAS | First NIKHIL | MI | Contribution ID # 0949 |
| Residential Street Address 2049 Silas Deane Hwy Ste 1E | City Rocky Hill | State CT | Zip Code 06067-2332 |
| Principal Occupation ENGINEER | Name of Employer VB TECHNOLOGIES CORP. | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 01/31/2018 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|--|---|---|-------------------------------------|
| Last Name STEENECK | First SHERRI | MI | Contribution ID # 0950 |
| Residential Street Address 166 Rock Ridge Rd | City Fairfield | State CT | Zip Code 06824-2250 |
| Principal Occupation REALTOR/ BUSINESSOWNER | Name of Employer THE HIGGINS GROUP/SELF | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 01/31/2018 | 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|--|--|-------------------------------------|
| Last Name PALLOTTI | First KEVIN | MI | Contribution ID # 0951 |
| Residential Street Address 14 Pinney St Apt 15 , MB #8 | City Ellington | State CT | Zip Code 06029-3851 |
| Principal Occupation VIDEO PRODUCER AND EDITOR | Name of Employer SYMMETRY PARTNERS, LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 01/31/2018 | 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 CONNELLY | First MARTIN | MI | Contribution ID # 0952 |
| Residential Street Address 141 Central Ave | City Hamden | State CT | Zip Code 06517-1810 |
| Principal Occupation ADMINISTRATOR | Name of Employer CT INTERLOCAL RISK MANAGEMENT AGENCY | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 02/01/2018 | Aggregate Contributions \$85.00 |
| 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 \$35.00 | |

| | | | |
|--|-----------------------------------|--|-------------------------------------|
| Last Name DIXLER | First DEBORAH | MI | Contribution ID # 0953 |
| Residential Street Address 65 W Dayton St Apt 509 | City Pasadena | State CA | Zip Code 91105-4106 |
| Principal Occupation D2 DESIGN | 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 02/01/2018 | 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 MICHALOWSKI | First DENISE | MI | Contribution ID # 0954 |
| Residential Street Address 2 Marvin Pl | City Westport | State CT | Zip Code 06880-5046 |
| Principal Occupation HOME | Name of Employer HOME | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 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 02/01/2018 | Aggregate Contributions \$100.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$100.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-------------------------------------|
| Last Name CAMERON | First KEVIN | MI | Contribution ID # 0955 |
| Residential Street Address 11 Quintard Ave | City Old Greenwich | State CT | Zip Code 06870-2105 |
| Principal Occupation RETIRED | Name of Employer H.L.T.H. COPORATION | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 02/01/2018 | Aggregate Contributions \$375.00 |
| | | | Amount of Contribution \$375.00 |

| | | | |
|--|--|---|-------------------------------------|
| Last Name KRONEWITTER | First COLIN | MI | Contribution ID # 0956 |
| Residential Street Address 189 Valley Dr Apt 1 | City Greenwich | State CT | Zip Code 06831-5208 |
| Principal Occupation FINANCE | Name of Employer MOUNTAINEER 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 02/01/2018 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|--|--|---|-------------------------------------|
| Last Name LITTMAN | First JONAS | MI | Contribution ID # 0957 |
| Residential Street Address 351 Pemberwick Rd Apt 925 | City Greenwich | State CT | Zip Code 06831-4279 |
| Principal Occupation CONSULTANT | 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 02/01/2018 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name CARLSON | First KARIN | MI | Contribution ID # 0958 |
| Residential Street Address 123 Elm St # 2 | City Stonington | State CT | Zip Code 06378-1162 |
| Principal Occupation TEACHER | Name of Employer EAST LYME BOE | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 02/01/2018 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|------------------------------------|
| Last Name ALETTA | First ROSE | MI | Contribution ID # 0959 |
| Residential Street Address 89 Middlesex Avenue Ext | City Portland | State CT | Zip Code 06480-1436 |
| Principal Occupation REAL ESTATE APPRAISER | 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 02/02/2018 | Aggregate Contributions \$25.00 |
| | | Amount of Contribution \$25.00 | |

| | | | |
|--|--|---|-------------------------------------|
| Last Name KOLLER | First TIMOTHY | MI | Contribution ID # 0960 |
| Residential Street Address 15 Ridge Rd | City Weston | State CT | Zip Code 06883-2106 |
| Principal Occupation MANAGEMENT CONSULTANT | Name of Employer MCKINSEY & COMPANY | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 02/03/2018 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|--|--|---|-------------------------------------|
| Last Name MCLANAHAN | First BRUCE | MI | Contribution ID # 0961 |
| Residential Street Address 81 Woodway Ridge Ln | City New Canaan | State CT | Zip Code 06840-6543 |
| 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 02/03/2018 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|--|--|---|-------------------------------------|
| Last Name BEYMAN | First SUSAN | MI | Contribution ID # 0962 |
| Residential Street Address 1 Singing Woods Ct | City Norwalk | State CT | Zip Code 06850-1223 |
| Principal Occupation HOMEMAKER | 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 02/04/2018 | 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|---|------------------------|---|-------------------------------------|
| Last Name PURCELL-MURRAY | First ANN | MI | Contribution ID # 0963 |
| Residential Street Address 118 Maryland Dr | City Glastonbury | State CT | Zip Code 06033 |
| Principal Occupation RETIRED | 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 02/04/2018 | 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 SHENY | First ASHOK | MI | Contribution ID # 0964 |
| Residential Street Address 5 Sickle Bar Ln | City Riverside | State CT | Zip Code 06878-1515 |
| Principal Occupation BANKING | Name of Employer FIFTH THIRD BANK | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | | Date Received 02/04/2018 | 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 LIQUORI | First BOB | MI | Contribution ID # 0965 |
| Residential Street Address 56 Hollister St | City Stratford | State CT | Zip Code 06615-6229 |
| Principal Occupation SUPERVISOR | Name of Employer ALTICE | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent 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 02/04/2018 | 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 STARK | First THOMAS | MI | Contribution ID # 0966 |
| Residential Street Address 326 Eagle Dr | City Jupiter | State FL | Zip Code 33477-4066 |
| 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 02/05/2018 | Aggregate Contributions \$100.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$100.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|---|---|---|-------------------------------------|
| Last Name SHAMA | First MONICA | MI | Contribution ID # 0967 |
| Residential Street Address 14 Cricket Ln | City Stamford | State CT | Zip Code 06903-2502 |
| 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 02/05/2018 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|---|---|---|-------------------------------------|
| Last Name CROWDER | First RUPICA | MI | Contribution ID # 0968 |
| Residential Street Address 506 Athens St | City Altadena | State CA | Zip Code 91001-1604 |
| Principal Occupation HOME MAKER | 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 02/06/2018 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$50.00 |

| | | | |
|---|---|---|------------------------------------|
| Last Name SOLVEIRA | First RACHEL | MI | Contribution ID # 0969 |
| Residential Street Address 15 Laurel St | City West Haven | State CT | Zip Code 06516-5721 |
| Principal Occupation ANIMAL CONTROL OFFICER | Name of Employer TOWN OF STRATFORD | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="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 02/06/2018 | Aggregate Contributions \$25.00 |
| | | | Amount of Contribution \$25.00 |

| | | | |
|---|---|---|------------------------------------|
| Last Name HARRIS | First SALLY | MI | Contribution ID # 0970 |
| Residential Street Address 39 Stanwich Rd | City Greenwich | State CT | Zip Code 06830-4842 |
| Principal Occupation NOT EMPLOYED | 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 02/06/2018 | 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|---|---|-------------------------------------|
| Last Name COX | First DAVID | MI | Contribution ID # 0971 |
| Residential Street Address 51 Harding Rd | City Old Greenwich | State CT | Zip Code 06870-1501 |
| 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 02/06/2018 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|--|---|---|-------------------------------------|
| Last Name ZAPPAVIGNA | First BARBARA | MI | Contribution ID # 0972 |
| Residential Street Address 292 Bruce Park Ave | City Greenwich | State CT | Zip Code 06830-6312 |
| Principal Occupation RETIRED | 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 02/06/2018 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|--|---|---|-------------------------------------|
| Last Name YODER | First MERLE | MI | Contribution ID # 0973 |
| Residential Street Address 739 Lake Ave | City Greenwich | State CT | Zip Code 06830-3333 |
| Principal Occupation FINANCIAL SERVICES | Name of Employer FINANCIAL TRACKING, 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 02/06/2018 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|--|---|---|-------------------------------------|
| Last Name GIANNUZZI | First KAREN | MI | Contribution ID # 0974 |
| Residential Street Address 39 Perkins Rd | City Greenwich | State CT | Zip Code 06830-3510 |
| Principal Occupation HOMEMAKER | 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 02/06/2018 | 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-------------------------------------|
| Last Name WONG | First VIRGINIA | MI | Contribution ID # 0975 |
| Residential Street Address 145 Davenport Farm Ln W | City Stamford | State CT | Zip Code 06903-5148 |
| Principal Occupation PARTNER | Name of Employer NIXON PEABODY | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 02/06/2018 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|--|--|---|-------------------------------------|
| Last Name CALIFANO | First MARK | MI | Contribution ID # 0976 |
| Residential Street Address 7 Richmond Dr | City Old Greenwich | State CT | Zip Code 06870-1413 |
| Principal Occupation ATTORNEY | Name of Employer AMERICAN EXPRESS | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 02/06/2018 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|--|--|---|-------------------------------------|
| Last Name BURROUGHS | First MIGGS | MI | Contribution ID # 0977 |
| Residential Street Address 2 Old Hill Rd | City Westport | State CT | Zip Code 06880-3013 |
| Principal Occupation ARTIST | 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 02/07/2018 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|--|--|---|-------------------------------------|
| Last Name SHRIKAM | First LALAN | MI | Contribution ID # 0978 |
| Residential Street Address 50 Greens Cir | City Stamford | State CT | Zip Code 06903-1419 |
| Principal Occupation BUSINESS OWNER | Name of Employer JAYE'S STUDIO | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child 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>02082018A</u> | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 02/07/2018 | 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-------------------------------------|
| Last Name WINN | First INGRID | MI | Contribution ID # 0979 |
| Residential Street Address 152 Lockwood Rd | City Riverside | State CT | Zip Code 06878-1908 |
| Principal Occupation EXECUTIVE DIRECTOR | Name of Employer OLD GREENWICH/RIVERSIDE COMMUNITY 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 02/07/2018 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name BANSAK | First HEMA | MI | Contribution ID # 0980 |
| Residential Street Address 19 Crescent Park Rd | City Westport | State CT | Zip Code 06880-4534 |
| Principal Occupation N/A | 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 02/07/2018 | Aggregate Contributions \$75.00 |
| | | | Amount of Contribution \$75.00 |

| | | | |
|--|--|---|-------------------------------------|
| Last Name SHKLOVSKY | First LISA | MI | Contribution ID # 0981 |
| Residential Street Address 15 Steeple Chase | City Greenwich | State CT | Zip Code 06831-2549 |
| Principal Occupation HOMEMAKER | 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>02082018A</u> | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 02/08/2018 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|--|--|---|-------------------------------------|
| Last Name GUPTA | First RIDHITA | MI | Contribution ID # 0982 |
| Residential Street Address 2572 Post Rd | City Darien | State CT | Zip Code 06820-5025 |
| Principal Occupation DIRECTOR | Name of Employer BRIGHT BEGINNNINGS | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child 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>02082018A</u> | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 02/08/2018 | 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|---|---|---|-------------------------------------|
| Last Name WERNICKE | First SHERRY | MI | Contribution ID # 0983 |
| Residential Street Address 8 Willowmere Ave | City Riverside | State CT | Zip Code 06878-2519 |
| 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 02/08/2018 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|---|---|---|-------------------------------------|
| Last Name BENNETT | First MELISSA | MI | Contribution ID # 0984 |
| Residential Street Address 375 Stanwich Rd | City Greenwich | State CT | Zip Code 06830-3525 |
| 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 type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 02/08/2018 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|---|---|---|-------------------------------------|
| Last Name BENNETT | First DAVID | MI | Contribution ID # 0985 |
| Residential Street Address 375 Stanwich Rd | City Greenwich | State CT | Zip Code 06830-3525 |
| Principal Occupation BROKER | 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 02/08/2018 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|---|---|---|-------------------------------------|
| Last Name BELSHAW | First DOROTHY | MI | Contribution ID # 0986 |
| Residential Street Address 15 Rockview Dr | City Greenwich | State CT | Zip Code 06830-4612 |
| Principal Occupation REAL ESTATE EXECUTIVE | Name of Employer INTERNATIONAL MARKET CENTERS | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="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 02/08/2018 | 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|---|--------------------------|---|-------------------------------------|
| Last Name BRUDER | First JEAN | MI | Contribution ID # 0987 |
| Residential Street Address 22 Meadow Dr | City Cos Cob | State CT | Zip Code 06807-2002 |
| 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 # | | Date Received 02/08/2018 | 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 PEGUERO | First RONYHEL | MI | Contribution ID # 0988 |
| Residential Street Address 1370 St Nicholas Ave Apt 17K | City New York | State NY | Zip Code 10033-6231 |
| Principal Occupation CPA | Name of Employer LATIN EVENTS | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent 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 02/08/2018 | 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 CHAPLIN | First CHUCK | MI | Contribution ID # 0989 |
| Residential Street Address 613 Round Hill Rd | City Greenwich | State CT | Zip Code 06831-2718 |
| Principal Occupation BOARD DIRECTOR | Name of Employer BRIGHTHOUSE FINANCIAL INC, MGIC INVESTMENT CORP | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent 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 02/08/2018 | 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 CRAWFORD | First ESTHER | MI | Contribution ID # 0990 |
| Residential Street Address 100 Van Ness Ave Apt 708 | City San Francisco | State CA | Zip Code 94102-5215 |
| Principal Occupation CEO | Name of Employer MOLLY | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent 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 02/08/2018 | 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|---|--|---|--|
| Last Name BARDOS | First JEFFREY | MI | Contribution ID # 0991 |
| Residential Street Address 14 Druid Ln | City Riverside | State CT | Zip Code 06878-1805 |
| Principal Occupation FINANCE | Name of Employer SPERITAS CAPITAL 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 02/08/2018 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|---|--|---|---|
| Last Name SAMANT | First MICHELLE | MI | Contribution ID # 0992 |
| Residential Street Address 12 W Brother Dr | City Greenwich | State CT | Zip Code 06830-6750 |
| 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 # 02082018A | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 02/08/2018 | Aggregate Contributions \$50.00 |
| | | Amount of Contribution \$50.00 | |

| | | | |
|---|--|---|--|
| Last Name POGHOSYAN | First VALENTINA | MI | Contribution ID # 0993 |
| Residential Street Address 99 Overlook Dr | City Greenwich | State CT | Zip Code 06830-6713 |
| Principal Occupation WORK | Name of Employer WORK | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child 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 # 02082018A | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 02/08/2018 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|---|--|---|--|
| Last Name MATHUR | First RUPALI | MI | Contribution ID # 0994 |
| Residential Street Address 30 Stillview Rd | City Stamford | State CT | Zip Code 06902-1633 |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 02082018A | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 02/08/2018 | 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|---|--------------------------------------|---|-------------------------------------|
| Last Name GOPALDAS | First PRAKASH | MI | Contribution ID # 0995 |
| Residential Street Address 24 Fox Run Rd | City Norwalk | State CT | Zip Code 06850-2322 |
| Principal Occupation MARINE INSURANCE | Name of Employer KHEMBULK TANKERS | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent 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>02082018A</u> | | Date Received 02/08/2018 | 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 ODILI | First ADAOBI | MI | Contribution ID # 0996 |
| Residential Street Address 27 Lindstrom Rd Apt 7A | City Stamford | State CT | Zip Code 06902-7454 |
| Principal Occupation SALES | Name of Employer IBM | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>02082018A</u> | | Date Received 02/08/2018 | Aggregate Contributions \$25.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$25.00 | |

| | | | |
|---|-----------------------------------|---|-------------------------------------|
| Last Name PRESCOTT | First JO ANN | MI | Contribution ID # 0997 |
| Residential Street Address PO Box 123 | City Rye | State NY | Zip Code 10580-0123 |
| Principal Occupation INSURANCE AGENT | 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 # <u>02082018A</u> | | Date Received 02/08/2018 | 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 TORO | First ROSA | MI | Contribution ID # 0998 |
| Residential Street Address 99 Alton Rd | City Stamford | State CT | Zip Code 06906-1102 |
| Principal Occupation COMMUNICATIONS | Name of Employer IBM | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>02082018A</u> | | Date Received 02/08/2018 | 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|--|--|-------------------------------------|
| Last Name GANNU | First SANTOSH | MI | Contribution ID # 0999 |
| Residential Street Address 538 Newfield Ave | City Stamford | State CT | Zip Code 06905-3713 |
| Principal Occupation CEO | Name of Employer UNIVERSAL TECHNOLOGIES | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child 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>02082018A</u> | | Date Received 02/08/2018 | 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 DOHN | First ERIN | MI | Contribution ID # 1000 |
| Residential Street Address 130 Elmsmere Rd | City Bronxville | State NY | Zip Code 10708-5115 |
| 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 02/08/2018 | 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 HOBBS | First ARUNA | MI | Contribution ID # 1001 |
| Residential Street Address 9 Wallacks Dr | City Stamford | State CT | Zip Code 06902-7114 |
| Principal Occupation INSURANCE | Name of Employer 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 | |
| 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>02082018A</u> | | Date Received 02/08/2018 | 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 WADHWANI | First TEJAL | MI | Contribution ID # 1002 |
| Residential Street Address 334 Lost District Dr | City New Canaan | State CT | Zip Code 06840-2014 |
| Principal Occupation ATTORNEY | Name of Employer GOLDMAN SACHS | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child 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>02082018A</u> | | Date Received 02/08/2018 | 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|---|--|---|-------------------------------------|
| Last Name WADHWANI | First PRAKASH | MI | Contribution ID # 1003 |
| Residential Street Address 334 Lost District Dr | City New Canaan | State CT | Zip Code 06840-2014 |
| Principal Occupation ASSET MANAGEMENT | Name of Employer SRA ASSET MANAGEMENT | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent 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>02082018A</u> | | Date Received 02/08/2018 | 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 CYNTHIA | MI | Contribution ID # 1004 |
| Residential Street Address 277 Old Church Rd | City Greenwich | State CT | Zip Code 06830-4818 |
| Principal Occupation HOMEMAKER | Name of Employer NONE | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | | Date Received 02/08/2018 | 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 BANERJEE | First ALKA | MI | Contribution ID # 0801 |
| Residential Street Address 1691 Boston Post Rd . | City Norwalk | State CT | Zip Code 06820 |
| Principal Occupation FINANCE | Name of Employer S&P DOW JONES | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent 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>02082018A</u> | | Date Received 02/08/2018 | Aggregate Contributions \$100.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$100.00 | |

| | | | |
|---|----------------------------------|---|------------------------------------|
| Last Name DANNA | First ARJUN | MI | Contribution ID # 0802 |
| Residential Street Address 1121 Cortez Dr | City Glendale | State CA | Zip Code 91207-1807 |
| Principal Occupation NA | Name of Employer NOT EMPLOYED | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | | Date Received 02/08/2018 | Aggregate Contributions \$30.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$30.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|--------------------------------------|--|-------------------------------------|
| Last Name KHANNA | First SUNIL | MI | Contribution ID # 0803 |
| Residential Street Address 26 Carrington Dr | City Greenwich | State CT | Zip Code 06831-3119 |
| Principal Occupation FINANCIAL | Name of Employer ENHANCED CAPITAL | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>02082018A</u> | | Date Received 02/08/2018 | 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 KHANNA | First SUSAN | MI | Contribution ID # 0804 |
| Residential Street Address 26 Carrington Dr | City Greenwich | State CT | Zip Code 06831-3119 |
| Principal Occupation HOMEMAKER | Name of Employer NA | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>02082018A</u> | | Date Received 02/08/2018 | 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 RAMACHANDRAN | First BEENA | MI | Contribution ID # 0805 |
| Residential Street Address 971 Sunset Rd | City Stamford | State CT | Zip Code 06903-2400 |
| Principal Occupation TEACHER | Name of Employer TOWN OF GREENWICH | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>02082018A</u> | | Date Received 02/08/2018 | Aggregate Contributions \$50.00 |
| 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 \$50.00 | |

| | | | |
|--|--------------------------------|--|------------------------------------|
| Last Name SHAH | First AJAY | MI | Contribution ID # 0806 |
| Residential Street Address 57 North St Ste 322 | City Danbury | State CT | Zip Code 06810-5628 |
| Principal Occupation REALTOR | Name of Employer NATIONWIDE | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child 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>02082018A</u> | | Date Received 02/08/2018 | Aggregate Contributions \$51.00 |
| 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 \$51.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|---------------------------|--|------------------------------------|
| Last Name LAUDERDALE | First VALERIE | MI | Contribution ID # 0799 |
| Residential Street Address 230 N Serenata Dr # 731 | City Ponte Vedra Beach | State FL | Zip Code 32082 |
| Principal Occupation RETIRED | Name of Employer NONE | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 02/09/2018 |
| | | Aggregate Contributions \$100.00 | Amount of Contribution \$100.00 |

| | | | |
|--|---|--|------------------------------------|
| Last Name DOHN | First ROBERT | MI | Contribution ID # 1005 |
| Residential Street Address 130 Elmsmere Rd | City Bronxville | State NY | Zip Code 10708-5115 |
| Principal Occupation ATTORNEY | Name of Employer BERTINE HUFNAGEL ET.AL. | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 02/09/2018 |
| | | Aggregate Contributions \$100.00 | Amount of Contribution \$100.00 |

| | | | |
|--|------------------------------|--|------------------------------------|
| Last Name KAYE | First JOEL | MI | Contribution ID # 1006 |
| Residential Street Address 87 Hillcrest Park Rd | City Old Greenwich | State CT | Zip Code 06870-1018 |
| Principal Occupation SELF | Name of Employer ATTORNEY | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 02/09/2018 |
| | | Aggregate Contributions \$100.00 | Amount of Contribution \$100.00 |

| | | | |
|--|--|--|------------------------------------|
| Last Name KANAAN | First GREG | MI | Contribution ID # 1007 |
| Residential Street Address 1500 Mill Hill Ter | City Southport | State CT | Zip Code 06890-1141 |
| Principal Occupation ATTORNEY | Name of Employer U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 02/09/2018 |
| | | 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|--------------------------|--|-------------------------------------|
| Last Name KELLEY | First JANNA | MI | Contribution ID # 1008 |
| Residential Street Address 2 Grennan Rd | City West Hartford | State CT | Zip Code 06107-1817 |
| Principal Occupation HR | Name of Employer LEGO | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child 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>02112018B</u> | | Date Received 02/10/2018 | 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 CIPORIN | First JILL | MI | Contribution ID # 1009 |
| Residential Street Address 27 Meadow Ln | City Greenwich | State CT | Zip Code 06831-3708 |
| Principal Occupation NONE | Name of Employer NONE | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 02/10/2018 | 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 MEO | First LINDA | MI | Contribution ID # 1010 |
| Residential Street Address 115 Hulls Hwy | City Southport | State CT | Zip Code 06890-1135 |
| Principal Occupation TEACHER | Name of Employer NORWALK PUBLIC SCHOOLS | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 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 02/10/2018 | Aggregate Contributions \$25.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$25.00 | |

| | | | |
|--|-----------------------------------|--|-------------------------------------|
| Last Name HARDY | First MARY | MI | Contribution ID # 1011 |
| 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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 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 02/10/2018 | Aggregate Contributions \$150.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$50.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|---------------------------------|--|---|
| Last Name PAULSEN | First EDWARD | MI | Contribution ID # 1012 |
| Residential Street Address 20 W Maxwell Dr | City West Hartford | State CT | Zip Code 06107-1441 |
| Principal Occupation GRAPHIC DESIGNER | Name of Employer SELF | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 02112018B | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 02/11/2018 |
| | | Aggregate Contributions \$100.00 | Amount of Contribution \$100.00 |

| | | | |
|--|---|--|---|
| Last Name WATSON | First BRENDA | MI | Contribution ID # 1013 |
| Residential Street Address 13 Wadler Cir | City Bloomfield | State CT | Zip Code 06002 |
| Principal Occupation EXECUTIVE DIRECTOR | Name of Employer OPERATION FUEL | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child 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 # 02112018B | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 02/11/2018 |
| | | Aggregate Contributions \$100.00 | Amount of Contribution \$100.00 |

| | | | |
|--|---|--|--|
| Last Name WASKO | First NICHOLAS | MI | Contribution ID # 1014 |
| Residential Street Address 112 Ardmore Rd | City West Hartford | State CT | Zip Code 06119-1204 |
| Principal Occupation GRADUATE STUDENT | Name of Employer UCONN HEALTH | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 02112018B | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 02/11/2018 |
| | | Aggregate Contributions \$50.00 | Amount of Contribution \$50.00 |

| | | | |
|--|--|--|--|
| Last Name MAHLER | First CHRISTINE | MI | Contribution ID # 1015 |
| Residential Street Address 43 Cliffmore Rd | City West Hartford | State CT | Zip Code 06107-1116 |
| Principal Occupation SCHOOL COUNSELOR | Name of Employer WEST HARTFORD BOARD OF ED | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child 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 # 02112018B | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 02/11/2018 |
| | | 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|---|--|---|------------------------------------|
| Last Name GILLIS | First MORIAH | MI | Contribution ID # 1016 |
| Residential Street Address 17 Harvest Ln | City West Hartford | State CT | Zip Code 06117-3025 |
| Principal Occupation RESEARCH ANALYST | Name of Employer FARMINGTON RIVER FINANCIAL 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? If yes, list Event # <u>02112018B</u> | | Date Received 02/11/2018 | Aggregate Contributions \$25.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$25.00 | |

| | | | |
|---|------------------------|---|------------------------------------|
| Last Name CATON | First CHANDLER | MI | Contribution ID # 1017 |
| Residential Street Address 59 Duncaster Rd | City Bloomfield | State CT | Zip Code 06002-1511 |
| Principal Occupation RETIRED | Name of Employer NA | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>02112018B</u> | | Date Received 02/11/2018 | 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 PATEL | First DARSHINI | MI | Contribution ID # 1018 |
| Residential Street Address 49 Nichols Ave | City Stamford | State CT | Zip Code 06905-2227 |
| Principal Occupation ACCOUNTANT | Name of Employer H&R BLOCK | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent 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 02/11/2018 | 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 ARONSON | First ROCHELLE | MI | Contribution ID # 0807 |
| Residential Street Address 14 McDivitt Dr | City Manchester | State CT | Zip Code 06042-2240 |
| Principal Occupation CANTORIAL SOLOIST | Name of Employer VOLUNTEER | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent 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>02112018B</u> | | Date Received 02/11/2018 | Aggregate Contributions \$100.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$100.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|-----------------------------------|--|------------------------------------|
| Last Name ARONSON | First SCOTT | MI | Contribution ID # 0808 |
| Residential Street Address 4 Berwyn Ln | City West Hartford | State CT | Zip Code 06107-1103 |
| Principal Occupation HEALTHCARE EMERGENCY MANAGEMENT | Name of Employer JENSEN HUGHES | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child 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>02112018B</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 02/11/2018 |
| | | Aggregate Contributions \$375.00 | Amount of Contribution \$375.00 |

| | | | |
|--|---------------------------------------|--|-----------------------------------|
| Last Name MINOR | First CRAIG | MI | Contribution ID # 0809 |
| Residential Street Address 88 Anison Ave | City Bristol | State CT | Zip Code 06010 |
| Principal Occupation CITY PLANNER | Name of Employer TOWN OF NEWINGTON | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>02112018B</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 02/11/2018 |
| | | Aggregate Contributions \$25.00 | Amount of Contribution \$25.00 |

| | | | |
|--|--------------------------|--|------------------------------------|
| Last Name WARDYAK | First CLAUDIA | MI | Contribution ID # 0810 |
| Residential Street Address 75 Duncaster Rd | City Bloomfield | State CT | Zip Code 06002-1539 |
| Principal Occupation FUNDRAISER | Name of Employer SELF | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>02112018B</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 02/11/2018 |
| | | Aggregate Contributions \$100.00 | Amount of Contribution \$100.00 |

| | | | |
|--|-------------------------------|--|------------------------------------|
| Last Name MURCHIE | First GEORGE | MI | Contribution ID # 0811 |
| Residential Street Address 34 Berwyn Rd | City West Hartford | State CT | Zip Code 06107-1104 |
| Principal Occupation FINANCE/INSURANCE | Name of Employer TRAVELERS | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child 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>02112018B</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 02/11/2018 |
| | | 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|---|--|---|-------------------------------------|
| Last Name MURCHIE | First LEAH | MI | Contribution ID # 0812 |
| Residential Street Address 34 Berwyn Rd | City West Hartford | State CT | Zip Code 06107-1104 |
| Principal Occupation REALTOR | Name of Employer WILLIAM RAVEIS REAL ESTATE | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent 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>02112018B</u> | | Date Received 02/11/2018 | 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 VAN SCOTER | First JENNIFER | MI | Contribution ID # 0813 |
| Residential Street Address 3 Jeff Ln | City Canton | State CT | Zip Code 06019-2617 |
| Principal Occupation CONSULTANT | Name of Employer TRAVELERS' 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 | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>02112018B</u> | | Date Received 02/11/2018 | 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 DE MOTT | First SALVATORE | MI | Contribution ID # 0800 |
| Residential Street Address 91 Turn of River Rd | City Stamford | State CT | Zip Code 06905-2028 |
| Principal Occupation SERVICE | Name of Employer DE MOTT AUTO | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent 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 02/12/2018 | 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 FARRELLY | First LAURA | MI | Contribution ID # 1019 |
| Residential Street Address 24 Bayberry Ln | City Milford | State CT | Zip Code 06460-6561 |
| Principal Occupation FINANCIAL PROFESSIONAL | Name of Employer ALGONQUIN ADVISORS LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | | Date Received 02/12/2018 | 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|---|---|---|-------------------------------------|
| Last Name BAKER | First CHRISTINE | MI | Contribution ID # 1020 |
| Residential Street Address 11 Pinecroft Rd | City Greenwich | State CT | Zip Code 06830-3922 |
| Principal Occupation HOME | 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 02/12/2018 | Aggregate Contributions \$250.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|---|---|---|-------------------------------------|
| Last Name CURTIS | First LINDSEY | MI | Contribution ID # 1021 |
| Residential Street Address 15 Rivergate Woods | City Wilton | State CT | Zip Code 06897-3616 |
| Principal Occupation SENIOR PASTOR | Name of Employer GRACE BAPTIST CHURCH | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="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 02/12/2018 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|---|---|---|------------------------------------|
| Last Name CORSANO-LEOPIZZI | First SASKIA | MI | Contribution ID # 1022 |
| Residential Street Address 12 Halsey Dr | City Old Greenwich | State CT | Zip Code 06870-1205 |
| Principal Occupation HOMEMAKER | 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 02/12/2018 | Aggregate Contributions \$50.00 |
| | | | Amount of Contribution \$50.00 |

| | | | |
|---|---|---|-------------------------------------|
| Last Name LOUDEN | First JAY | MI | Contribution ID # 1023 |
| Residential Street Address 25 Park Ave | City Old Greenwich | State CT | Zip Code 06870-1722 |
| Principal Occupation RETIRED | Name of Employer NOT APPLICABLE | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="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 02/12/2018 | 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|-----------------------------|--|-------------------------------------|
| Last Name DI VINCENZO | First ALICE | MI | Contribution ID # 1024 |
| Residential Street Address 44 Stone Brook Ln | City Cos Cob | State CT | Zip Code 06807-1113 |
| Principal Occupation NA | 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 02/12/2018 | 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 DI VINCENZO | First FRANK | MI | Contribution ID # 1025 |
| Residential Street Address 44 Stone Brook Ln | City Cos Cob | State CT | Zip Code 06807-1113 |
| Principal Occupation RETIRED | 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 02/12/2018 | 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 DOWLING | First SOPHIE | MI | Contribution ID # 1026 |
| Residential Street Address 65 Meadow Rd | City Riverside | State CT | Zip Code 06878-2507 |
| Principal Occupation HOMEMAKER | 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 02/12/2018 | Aggregate Contributions \$25.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$25.00 | |

| | | | |
|--|-----------------------------|--|-------------------------------------|
| Last Name ONG | First JAMES | MI | Contribution ID # 1027 |
| Residential Street Address 825 Wildwood Rd NE | City Atlanta | State GA | Zip Code 30324-4911 |
| Principal Occupation INVESTMENTS | Name of Employer INVESCO | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 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 02/12/2018 | Aggregate Contributions \$100.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$100.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|---|---|-------------------------------------|
| Last Name STAFFORD | First PAUL | MI | Contribution ID # 1028 |
| Residential Street Address 101 Old Mill Rd | City Greenwich | State CT | Zip Code 06831-3015 |
| Principal Occupation FINANCE | Name of Employer SELF | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 02/12/2018 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|--|---|---|-------------------------------------|
| Last Name PRAKASH | First RAJ RANI | MI | Contribution ID # 1029 |
| Residential Street Address 8804 63rd Dr Apt 226 | City Rego Park | State NY | Zip Code 11374-3821 |
| 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 02/12/2018 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|--|---|---|-------------------------------------|
| Last Name THOMPSON | First CAROLINE | MI | Contribution ID # 1030 |
| Residential Street Address 22 Stanwich Rd | City Greenwich | State CT | Zip Code 06831 |
| Principal Occupation REAL ESTATE | Name of Employer CBRE | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="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 02/12/2018 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|--|---|---|-------------------------------------|
| Last Name JAFAR | First SCHEHERAZADE | MI | Contribution ID # 1031 |
| Residential Street Address 11 Bayberry Ln | City Greenwich | State CT | Zip Code 06831-3008 |
| Principal Occupation ANTIQUA DEALER | Name of Employer SELF | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 02/12/2018 | 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|---|---|-------------------------------------|
| Last Name JAURIGUE | First MICHAEL | MI | Contribution ID # 1032 |
| Residential Street Address 833 Americana Way Unit 451 | City Glendale | State CA | Zip Code 91210-1540 |
| Principal Occupation ATTORNEY | Name of Employer SELF EMPLOYED | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 02/13/2018 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|--|---|---|-------------------------------------|
| Last Name ROCKETT | First ANDREW | MI | Contribution ID # 1033 |
| Residential Street Address 20 Blue Ridge Mountain Dr | City Somers | State CT | Zip Code 06071-2133 |
| Principal Occupation SCHOOL ADMINISTRATOR | Name of Employer VERNON PUBLIC SCHOOLS | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="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 02/13/2018 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|--|---|---|-------------------------------------|
| Last Name ZERVOS | First ANNA | MI | Contribution ID # 1034 |
| Residential Street Address 31 Orchard Hill Ln | City Greenwich | State CT | Zip Code 06831-3626 |
| Principal Occupation ENTREPENEUR | Name of Employer SELF | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 02/14/2018 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|--|---|---|------------------------------------|
| Last Name BUNN | First HAYDEN | MI | Contribution ID # 1035 |
| Residential Street Address 9850 Eden Prairie Rd | City Eden Prairie | State MN | Zip Code 55347-3911 |
| 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 02/15/2018 | Aggregate Contributions \$20.00 |
| | | | Amount of Contribution \$20.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|---|---|---|---|
| Last Name SINHA | First NANDITA | MI | Contribution ID # 1036 |
| Residential Street Address 143 Emery Dr E | City Stamford | State CT | Zip Code 06902-2008 |
| Principal Occupation TEACHER | Name of Employer WHITBY SCHOOL | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 02/15/2018 | Aggregate Contributions \$50.00 |
| | | Amount of Contribution \$50.00 | |

| | | | |
|---|---|---|--|
| Last Name SILVERMAN | First ROB | MI | Contribution ID # 1037 |
| Residential Street Address 222 E 80th St Apt 10FG | City New York | State NY | Zip Code 10075-0558 |
| Principal Occupation MANAGER | 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 02/16/2018 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|---|---|---|--|
| Last Name WILSON | First BARBARA | MI | Contribution ID # 1038 |
| Residential Street Address 108 Heritage Hill Rd Apt C | City New Canaan | State CT | Zip Code 06840-4624 |
| Principal Occupation LANDSCAPE ARCHITECT | Name of Employer BARBARA WILSON LANDSCAPE ARCHITECT 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 02/17/2018 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|---|---|---|--|
| Last Name HELLER | First NORMAN | MI | Contribution ID # 1039 |
| Residential Street Address 24 Long Meadow Rd | City Riverside | State CT | Zip Code 06878-1104 |
| Principal Occupation ATTORNEY | Name of Employer BLANK ROME LLP | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 02/18/2018 | 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|---|------------------------------------|---|--|
| Last Name DURVASULA | First TESH | MI | Contribution ID # 1040 |
| Residential Street Address 39 Indian Mill Rd | City Cos Cob | State CT | Zip Code 06807-1315 |
| Principal Occupation CHIEF COMMERCIAL OFFICER | Name of Employer SIRUS 1 | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 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 02/19/2018 | 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 BLOSS | First WILLIAM | MI | Contribution ID # 1041 |
| Residential Street Address 88 Mulberry Farms Rd | City Middletown | State CT | Zip Code 06457 |
| Principal Occupation ATTORNEY | Name of Employer KOSKOFF KOSKOFF AND BIEDER | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 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 02/20/2018 | 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 ERICKSON | First LAURA | MI | Contribution ID # 1042 |
| Residential Street Address 67 Club Rd | City Riverside | State CT | Zip Code 06878-2003 |
| Principal Occupation HOMEMAKER | 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 # | | Date Received 02/20/2018 | Aggregate Contributions \$50.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$50.00 | |

| | | | |
|---|---|---|--|
| Last Name ADLER | First ALESSIA | MI | Contribution ID # 1043 |
| Residential Street Address 75 Cos Cob Ave | City Cos Cob | State CT | Zip Code 06807-2153 |
| Principal Occupation OFFICE MANAGER | Name of Employer DECCAN VALUE INVESTORS | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 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 02/20/2018 | 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|--|--|------------------------------------|
| Last Name HIRSCH | First DAVID | MI | Contribution ID # 1044 |
| Residential Street Address 25 Clapboard Ridge Rd | City Greenwich | State CT | Zip Code 06830-3403 |
| Principal Occupation REALTOR | Name of Employer DOUGLAS ELLIMAN COMMERCIAL | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 02/20/2018 |
| | | Aggregate Contributions \$100.00 | Amount of Contribution \$100.00 |

| | | | |
|--|------------------------|--|------------------------------------|
| Last Name ARMSTRONG | First MAXINE | MI | Contribution ID # 1045 |
| Residential Street Address 49 Midwood Rd | City Greenwich | State CT | Zip Code 06830-3807 |
| 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 02/20/2018 |
| | | Aggregate Contributions \$100.00 | Amount of Contribution \$100.00 |

| | | | |
|--|--|--|------------------------------------|
| Last Name SEO | First JOHN | MI | Contribution ID # 1046 |
| Residential Street Address 75 Bayberry Ln | City Westport | State CT | Zip Code 06880-4031 |
| Principal Occupation INVESTMENT MANAGER | Name of Employer FERMAT CAPITAL MANAGEMENT, 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 02/20/2018 |
| | | Aggregate Contributions \$375.00 | Amount of Contribution \$375.00 |

| | | | |
|--|-------------------------|--|------------------------------------|
| Last Name SEO | First STELLA | MI | Contribution ID # 1047 |
| Residential Street Address 75 Bayberry Ln | City Westport | State CT | Zip Code 06880-4031 |
| Principal Occupation HOMEMAKER | 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 02/20/2018 |
| | | 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|-----------------------------|--|------------------------------------|
| Last Name HOFF | First JANICE | MI | Contribution ID # 1048 |
| Residential Street Address 42 Russet Rd | City Glastonbury | State CT | Zip Code 06033-3831 |
| Principal Occupation RETIRED | Name of Employer RETIRED | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>02212018A</u> | | Date Received 02/20/2018 | Aggregate Contributions \$25.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$25.00 | |

| | | | |
|--|------------------------|--|-------------------------------------|
| Last Name PANDE | First VIJAYSHREE | MI | Contribution ID # 1049 |
| Residential Street Address 75 Husted Ln | City Greenwich | State CT | Zip Code 06830-3932 |
| Principal Occupation NA | Name of Employer NA | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>02082018A</u> | | Date Received 02/21/2018 | 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 BOEHM | First LINCOLN | MI | Contribution ID # 1050 |
| Residential Street Address 17 Wallacks Ln | City Stamford | State CT | Zip Code 06902-7126 |
| 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 02/21/2018 | 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 DZIALGA | First KIRSTEN | MI | Contribution ID # 1051 |
| Residential Street Address 15 Meadowcroft Ln | City Greenwich | State CT | Zip Code 06830-3823 |
| Principal Occupation RETIRED | Name of Employer KIRSTEN DZIALGA | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 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 02/21/2018 | 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|------------------------------------|
| Last Name SEQUENZIA | First BARBARA | MI | Contribution ID # 1052 |
| Residential Street Address 13 Maple Rd | City Portland | State CT | Zip Code 06480-1743 |
| Principal Occupation RETIRED | 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 # <u>02212018A</u> | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 02/21/2018 | Aggregate Contributions \$25.00 |
| | | | Amount of Contribution \$25.00 |

| | | | |
|--|--|---|-------------------------------------|
| Last Name TUCKER | First CYNTHIA | MI | Contribution ID # 1053 |
| Residential Street Address 249 Strickland St | City Glastonbury | State CT | Zip Code 06033-2528 |
| Principal Occupation RETIRED | 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 # <u>02212018A</u> | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 02/21/2018 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name JACKLIN | First MICHELE | MI | Contribution ID # 1054 |
| Residential Street Address 460 Tall Timbers Rd | City Glastonbury | State CT | Zip Code 06033-3345 |
| Principal Occupation RETIRED | Name of Employer RETIRED | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>02212018A</u> | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 02/21/2018 | Aggregate Contributions \$30.00 |
| | | | Amount of Contribution \$30.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name DEONARINE | First DAVID | MI | Contribution ID # 1055 |
| Residential Street Address 11 Horseshoe Ln | City Somers | State CT | Zip Code 06071-2235 |
| Principal Occupation BUSINESS OWNER | Name of Employer PREMIER FINANCIAL SOLUTIONS | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 02/21/2018 | Aggregate Contributions \$50.00 |
| | | | 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|---|--|------------------------------------|
| Last Name CHOWDHURY | First MUMITH | MI | Contribution ID # 0814 |
| Residential Street Address 16 Tory Ln | City Shelton | State CT | Zip Code 06484-5719 |
| Principal Occupation RESTAURANT OWNER | Name of Employer BONANI INDIAN KITCHEN | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 02/21/2018 |
| | | Aggregate Contributions \$100.00 | Amount of Contribution \$100.00 |

| | | | |
|--|--|--|-----------------------------------|
| Last Name MADER | First CAROL | MI | Contribution ID # 0816 |
| Residential Street Address 59 Heritage Dr | City Glastonbury | State CT | Zip Code 06033-1730 |
| Principal Occupation UNITEDHEALTH GROUP | Name of Employer SENIOR SYSTEMS ANALYST | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child 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>02212018A</u> | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 02/21/2018 |
| | | Aggregate Contributions \$20.00 | Amount of Contribution \$20.00 |

| | | | |
|--|------------------------|--|-----------------------------------|
| Last Name SCHROTH | First LINDA | MI | Contribution ID # 0817 |
| Residential Street Address 47 Spellman Point Rd | City East Hampton | State CT | Zip Code 06424-1548 |
| Principal Occupation RETIRED PHYSICIAN | 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 # <u>02212018A</u> | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 02/21/2018 |
| | | Aggregate Contributions \$60.00 | Amount of Contribution \$60.00 |

| | | | |
|--|---|--|-----------------------------------|
| Last Name CLARK | First ANDREA | MI | Contribution ID # 0818 |
| Residential Street Address 95 Johnny Cake Ln | City Glastonbury | State CT | Zip Code 06033-2545 |
| Principal Occupation READING TUTOR | Name of Employer GLASTONBURY BOARD OF ED | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child 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>02212018A</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 02/21/2018 |
| | | 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|---------------------------|--|------------------------------------|
| Last Name HAWKINS | First MARY | MI | Contribution ID # 0819 |
| Residential Street Address 41 Dayton Rd | City South Glastonbury | State CT | Zip Code 06073-3206 |
| Principal Occupation RETIRED | Name of Employer NA | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>02212018A</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 02/21/2018 |
| | | Aggregate Contributions \$100.00 | Amount of Contribution \$100.00 |

| | | | |
|--|--------------------------------------|--|-----------------------------------|
| Last Name HUDNER | First JENNIFER | MI | Contribution ID # 0820 |
| Residential Street Address 105 Coach Rd | City Glastonbury | State CT | Zip Code 06033-3237 |
| Principal Occupation SOCIAL WORKER | Name of Employer BUILDING BRIDGES | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child 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>02212018A</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 02/21/2018 |
| | | Aggregate Contributions \$50.00 | Amount of Contribution \$25.00 |

| | | | |
|--|-----------------------------|--|-----------------------------------|
| Last Name GOODWIN | First NANCY | MI | Contribution ID # 0821 |
| Residential Street Address 29 Applewood Ln | City Glastonbury | State CT | Zip Code 06033-3801 |
| Principal Occupation RETIRED | Name of Employer RETIRED | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>02212018A</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 02/21/2018 |
| | | Aggregate Contributions \$100.00 | Amount of Contribution \$50.00 |

| | | | |
|--|-----------------------------|--|-----------------------------------|
| Last Name SWAFFORD | First ROBERTA | MI | Contribution ID # 0822 |
| Residential Street Address 81 Juniper Ln | City Glastonbury | State CT | Zip Code 06033 |
| Principal Occupation RETIRED | Name of Employer RETIRED | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>02212018A</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 02/21/2018 |
| | | 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|---------------------------|--|-------------------------------------|
| Last Name YANAI | First HILA | MI | Contribution ID # 0823 |
| Residential Street Address 81 Dayton Rd | City South Glastonbury | State CT | Zip Code 06073-3206 |
| Principal Occupation RETIRED | Name of Employer NA | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>02212018A</u> | | Date Received 02/21/2018 | 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 MILLER | First LINDA | MI | Contribution ID # 0824 |
| Residential Street Address 551 Shuttle Meadow Ave | City New Britain | State CT | Zip Code 06052-1826 |
| Principal Occupation RETIRED | Name of Employer NA | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>02212018A</u> | | Date Received 02/21/2018 | Aggregate Contributions \$50.00 |
| 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 \$50.00 | |

| | | | |
|--|-----------------------------|--|------------------------------------|
| Last Name O'BRIEN | First DIANE | MI | Contribution ID # 0825 |
| Residential Street Address 475 E Carriage Dr | City Glastonbury | State CT | Zip Code 06033 |
| Principal Occupation RETIRED | Name of Employer RETIRED | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>02212018A</u> | | Date Received 02/21/2018 | Aggregate Contributions \$50.00 |
| 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 \$50.00 | |

| | | | |
|--|-----------------------------|--|------------------------------------|
| Last Name NELSON | First JOHN | MI | Contribution ID # 0815 |
| Residential Street Address 30 Round Hill Rd | City Greenwich | State CT | Zip Code 06831-3742 |
| 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 02/23/2018 | Aggregate Contributions \$50.00 |
| 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 \$50.00 | |

| | | |
|--|--|--------------------|
| Total of Section B | | \$22,941.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS | (Sections A + B) <i>(Total on Line 14, Column A of Summary Page)</i> | \$22,941.00 |

I. MONETARY RECEIPTS (Section A-I)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|--|
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

C2. Reimbursements or Surplus Distributions from other Committees

| | | | | | |
|---|---|--------------------------|--|------------------------------------|--|
| Name of Committee Dita for CT Treasurer | | | Name of Treasurer Diana C Sisler | | |
| Address 857 Post Rd # 302 | | | | Date Received 03/21/2018 | Amount of Receipt \$950.00 |
| City Fairfield | State CT | Zip Code 06824 | Payment Type <input checked="" type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus distribution from exploratory committee | | |
| Expenditure # 1 | Description AUTO-PAY FOR MARCH NGP ONLINE FUNDRAISING HIT WRONG BANK ACCT | | | | |
| Name of Committee Dita for CT Treasurer | | | Name of Treasurer Diana C Sisler | | |
| Address 857 Post Rd # 302 | | | | Date Received 03/21/2018 | Amount of Receipt \$7.07 |
| City Fairfield | State CT | Zip Code 06824 | Payment Type <input checked="" type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus distribution from exploratory committee | | |
| Expenditure # 2 | Description AUTO-PAY FOR MARCH INTUIT-QB ONLINE FUNDRAISING HIT WRONG BANK ACCT | | | | |
| Name of Committee Dita for CT Treasurer | | | Name of Treasurer Diana C Sisler | | |
| Address 857 Post Rd # 302 | | | | Date Received 03/21/2018 | Amount of Receipt \$250.00 |
| City Fairfield | State CT | Zip Code 06824 | Payment Type <input checked="" type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus distribution from exploratory committee | | |
| Expenditure # 3 | Description AUTO-PAY FOR NGP ONLINE FUNDRAISING SET UP FOR CANDIDATE COMMITTEE HIT WRONG BANK ACCT | | | | |
| Total of Section C2 | | | | | \$1,207.07 |

I. MONETARY RECEIPTS (Section A-I)

| NAME OF COMMITTEE | TYPE OF REPORT |
|-------------------|--|
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

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

| Purpose of Grant: | Grant Cycle: | Date Received | Amount | |
|------------------------------------|--------------|---------------|--------|---------|
| | | | | Initial |
| Supplemental/Post Election Deficit | | | | |
| Total of Section H | | | | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|-------------------|--|
| NAME OF COMMITTEE | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

I. Miscellaneous Monetary Receipts not Considered Contributions

| Name | Date of Transaction | Amount Received | |
|---------------------------|---------------------|-----------------|-------|
| Street Address | City | | State |
| 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

J1. Event Information

| | | | |
|---|-------------|---|---|
| Event # Date of Event 01/18/2018 | Letter A | Description Home Fundraiser | Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Location: Street Address 38 Grahampston Ln | | City Greenwich | State CT |
| Zip Code 06830 | | | |
| Was this event hosted at a personal residence? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information. |
| 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 01/21/2018 | Letter A | Description Home Fundraiser | Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Location: Street Address 296 Grandview Dr | | City Glastonbury | State CT |
| Zip Code 06033 | | | |
| 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 01/23/2018 | Letter A | Description Home Fundraiser | Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Location: Street Address 30 Soundview Farm Rd | | City Weston | State CT |
| Zip Code 06883 | | | |
| 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> |

II. EVENT ACTIVITY (Sections J1 - J4)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | TYPE OF REPORT | |
|---|-------------|--|---|
| Dita for CT | | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment | |
| J1. Event Information | | | |
| Event # Date of Event 02/08/2018 | Letter A | Description Dinner Event | Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Location: Street Address 487 Glenbrook Rd | | City Stamford | State CT |
| | | Zip Code 06906 | |
| Was this event hosted at a personal residence? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information. |
| Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | (If yes, enter Total Receipts here.) <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$0.00</div> |
| Event # Date of Event 02/11/2018 | Letter B | Description Home Fundraiser | Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Location: Street Address 4 Berwyn Ln | | City West Hartford | State CT |
| | | Zip Code 06107 | |
| 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 02/21/2018 | Letter A | Description Home Fundraiser | Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Location: Street Address 29 Applewood Ln | | City Glastonbury | State CT |
| | | Zip Code 06033 | |
| 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

J3. In-Kind Donations Not Considered Contributions

Name of the Donor

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

| Donation Given by: | Description of Donation | | | Fair Market Value of Donation |
|---------------------|-------------------------|---------|--------------------------------|-------------------------------|
| Individual | | | | |
| Business Entity | Date Received | Event # | Aggregate value for this event | |
| Sole Proprietorship | | | | |

| | |
|----------------------------|--|
| Total of Section J3 | |
|----------------------------|--|

II.EVENT ACTIVITY (Sections J1 - J4)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

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

| | | | |
|--|--|--|---------------------------------------|
| Name of Host Janill Sharma & Karen Richard | | Is this event supporting more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Itemization in Addendum J4 | |
| Street Address 38 Grahampton Ln | | City Greenwich | State Zip Code CT 06830 |
| Description of Donation FOOD FOR FUNDRAISER | | | Fair Market Value of Donation |
| Event # 01182018A | Aggregate value of this Event - all hosts \$169.10 | Aggregate value of all Events - this host/candidate \$169.10 | \$169.10 |

| | | | |
|---|--|--|---------------------------------------|
| Name of Host Sridhar Kadaba & Sheenu Srinivasan453.33 | | Is this event supporting more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Itemization in Addendum J4 | |
| Street Address 296 Grandview Dr | | City Glastonbury | State Zip Code CT 06033 |
| Description of Donation FOOD & BEV & SERVING SUPPLIES | | | Fair Market Value of Donation |
| Event # 01212018A | Aggregate value of this Event - all hosts \$453.33 | Aggregate value of all Events - this host/candidate \$453.33 | \$453.33 |

| | | | |
|---|--|--|---------------------------------------|
| Name of Host Elizabeth Menke | | Is this event supporting more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Itemization in Addendum J4 | |
| Street Address 30 Soundview Farm Rd | | City Weston | State Zip Code CT 06883 |
| Description of Donation FOOD FOR FUNDRAISER | | | Fair Market Value of Donation |
| Event # 01232018A | Aggregate value of this Event - all hosts \$370.11 | Aggregate value of all Events - this host/candidate \$370.11 | \$370.11 |

| | | | |
|--|--|---|--|
| Name of Host Amanda Aronson | | Is this event supporting more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Itemization in Addendum J4 | |
| Street Address 4 Berwyn Ln | | City West Hartford | State Zip Code CT 06107 |
| Description of Donation FOOD & BEV | | | Fair Market Value of Donation \$320.49 |
| Event # 02112018B | Aggregate value of this Event - all hosts \$320.49 | Aggregate value of all Events - this host/candidate \$320.49 | |

| | | | |
|---|--|---|--|
| Name of Host Nancy Goodwin | | Is this event supporting more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Itemization in Addendum J4 | |
| Street Address 29 Applewood Ln | | City Glastonbury | State Zip Code CT 06033 |
| Description of Donation BEVERAGES | | | Fair Market Value of Donation \$170.56 |
| Event # 02212018A | Aggregate value of this Event - all hosts \$170.56 | Aggregate value of all Events - this host/candidate \$170.56 | |

| | |
|----------------------------|-------------------|
| Total of Section J4 | \$1,483.59 |
|----------------------------|-------------------|

III. NONMONETARY RECEIPTS (Sections K - L)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

K. In-Kind Contributions

| | | | |
|--|---------------|--|--|
| Name | | | |
| Street Address | | City | State Zip Code |
| Is this contribution associated with an event reported in Section J1? If yes, list Event# | Yes No | Description of In-Kind Contribution | |
| 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: Executive Legislative | Fair Market Value of this Contribution |
| Type of Contributor: | Date Received | Aggregate contributions | |
| Individual | Committee | Sole Proprietorship | |

| | |
|---------------------------|--|
| Total of Section K | |
|---------------------------|--|

III. Non Monetary Receipts (Sections K - L)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

L. Refundable Deposit to Telephone Company

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

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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|---|-----------------------------|--|--|-------------------|
| Name of Payee JULIANA HESS | | Date of Payment 01/02/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>137</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 60 Edgewater Commons Ln | | City Westport | State CT | Zip Code 06880 |
| Purpose of Expend CNSLT | Description INV NOV 2017 | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$2,500.00 |

| | | | | |
|---|--------------------------|--|--|-------------------|
| Name of Payee RED HORSE STRATEGIES | | Date of Payment 01/02/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>138</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 55 Washington St Ste 702 | | City Brooklyn | State NY | Zip Code 11201 |
| Purpose of Expend CNSLT | Description INV #3377 | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$1,500.00 |

| | | | | |
|---|-------------------------|--|--|-------------------|
| Name of Payee MAURA TRACY | | Date of Payment 01/02/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>141</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 5314 Fairway Dr | | City Madison | State WI | Zip Code 53711 |
| Purpose of Expend CNSLT | Description INV #102 | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$3,850.00 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |
| N. Expenses Paid By Committee | |

| | | | |
|---|--|--|--------------------------|
| Name of Payee MAURA TRACY | Date of Payment 01/02/2018 | Method of Payment <input checked="" type="checkbox"/> Check # 102 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 5314 Fairway Dr | City Madison | State WI | Zip Code 53711 |
| Purpose of Expend RMB | Description TRAVEL - PARKING | Amount | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | \$11.00 |

| | | | |
|---|--|---|-------------------------------|
| Name of Payee NGP VAN, INC. | Date of Payment 01/02/2018 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address PO Box 392264 | City Pittsburgh | State PA | Zip Code 15251-9264 |
| Purpose of Expend OVHD | Description ONLINE COMPUTER SERVICE - JAN | Amount | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | \$950.00 |

| | | | |
|---|--|---|--------------------------|
| Name of Payee Google, Inc. | Date of Payment 01/02/2018 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 1600 Amphitheatre Pkwy | City Mountain View | State CA | Zip Code 94043 |
| Purpose of Expend BNK | Description INV #3408412430 | 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 # |
| | | | \$115.66 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|---|-------------------------------------|--------------------------------------|---|--------------------------|
| Name of Payee SAGE PAYMENT SOLUTIONS | | Date of Payment 01/02/2018 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 12120 Sunset Hills Rd Ste 500 | | City Reston | State VA | Zip Code 20190 |
| Purpose of Expend BNK | Description CC FEES - DEC | | Amount \$996.43 | |
| 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 MAURA TRACY | | Date of Payment 01/02/2018 | Method of Payment <input checked="" type="checkbox"/> Check # 141 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 5314 Fairway Dr | | City Madison | State WI | Zip Code 53711 |
| Purpose of Expend RMB | Description TRAVEL - PARKING | | Amount \$11.00 | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | | |

| | | | | |
|---|--|--------------------------------------|--|--------------------------|
| Name of Payee TWO SEVENTY (270) STRATEGIES | | Date of Payment 01/03/2018 | Method of Payment <input checked="" type="checkbox"/> Check # WB1866813 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 626 W Jackson Blvd Ste 600 | | City Chicago | State IL | Zip Code 60661 |
| Purpose of Expend RMB | Description 270 INV# SI#00593A-DIGITAL ADS-FACEBOOK INV#22981229 | | Amount \$2,178.94 | |
| 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|---|--------------------------------|--------------------------------------|--|--------------------------|
| Name of Payee TWO SEVENTY (270) STRATEGIES | | Date of Payment 01/03/2018 | Method of Payment <input checked="" type="checkbox"/> Check # WB1866813 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 626 W Jackson Blvd Ste 600 | | City Chicago | State IL | Zip Code 60661 |
| Purpose of Expend CNSLT | Description SI#00591 | | Amount \$3,985.00 | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | | |

| | | | | |
|---|--|--------------------------------------|--|--------------------------|
| Name of Payee TWO SEVENTY (270) STRATEGIES | | Date of Payment 01/03/2018 | Method of Payment <input checked="" type="checkbox"/> Check # WB1866813 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 626 W Jackson Blvd Ste 600 | | City Chicago | State IL | Zip Code 60661 |
| Purpose of Expend A-WEB | Description SI00593 - DIGIAL ADS | | Amount \$836.06 | |
| 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 TWO SEVENTY (270) STRATEGIES | | Date of Payment 01/03/2018 | Method of Payment <input checked="" type="checkbox"/> Check # WB1866813 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 626 W Jackson Blvd Ste 600 | | City Chicago | State IL | Zip Code 60661 |
| Purpose of Expend CNSLT | Description SI#00591 | | Amount \$3,985.00 | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | | |

IV. EXPENDITURES (Sections N - S)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |
| N. Expenses Paid By Committee | |

| | | | |
|---|--|--|--------------------------|
| Name of Payee TWO SEVENTY (270) STRATEGIES | Date of Payment 01/03/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>WB1866883</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 626 W Jackson Blvd Ste 600 | City Chicago | State IL | Zip Code 60661 |
| Purpose of Expend A-WEB | Description SI00593 DIGIAL ADS | 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 # \$836.06- |

| | | | |
|---|--|--|----------------------------|
| Name of Payee TWO SEVENTY (270) STRATEGIES | Date of Payment 01/03/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>WB1866883</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 626 W Jackson Blvd Ste 600 | City Chicago | State IL | Zip Code 60661 |
| Purpose of Expend A-WEB | Description SI#00593 DIGITAL ADS FACEBOOK INV#22981229 (CAN'T BE INPUT AS RMB INTO SECT-R, SCREEN REQUIRES LAST & FIRST NAME | Amount | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # \$2,178.94- |

| | | | |
|---|--|--|-------------------------|
| Name of Payee DIANA C. SISLER | Date of Payment 01/05/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>142</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 338 Bennett St . | City Fairfield | State CT | Zip Code 06825 |
| Purpose of Expend RMB | Description MILEAGE - DEC | 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 # \$136.96 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|---|---------------------------|--|--|-------------------|
| Name of Payee JOSH DELLAQUILA | | Date of Payment 01/05/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>143</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 2855 Fairfield Ave # 2F | | City Bridgeport | State CT | Zip Code 06605 |
| Purpose of Expend CNSLT | Description 011618 INV | | | 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 # |
| | | | | \$300.00 |

| | | | | |
|---|----------------------------------|--|---|-------------------|
| Name of Payee HAVELI INDIA | | Date of Payment 01/10/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 1300 S Main St | | City Middletown | State CT | Zip Code 06457 |
| Purpose of Expend FOOD | Description FOOD - 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 # |
| | | | | 11262017A |
| | | | | \$333.71 |

| | | | | |
|---|-------------------------|--|--|----------|
| Name of Payee JUSTIN RAUDEBUSH | | Date of Payment 01/15/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>144</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address W1247 County Road J | | City Wisconsin Dells | State WI | Zip Code |
| Purpose of Expend CNSLT | Description INV #101 | | | 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 # |
| | | | | \$450.00 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|---|-----------------------------|--|--|------------------------|
| Name of Payee MICHELLE MECHANIC | | Date of Payment 01/15/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>145</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 6 Blackberry Ln | | City Westport | State CT | Zip Code 06880-2711 |
| Purpose of Expend CNSLT | Description INV 01/15/18 | | | 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 # |
| | | | | \$555.00 |

| | | | | |
|---|---------------------------|--|--|-------------------|
| Name of Payee MAURA TRACY | | Date of Payment 01/15/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>146</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 5314 Fairway Dr | | City Madison | State WI | Zip Code 53711 |
| Purpose of Expend CNSLT | Description INV 011518 | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$3,650.00 |

| | | | | |
|---|----------------------------------|--|---|-------------------|
| Name of Payee MUMBAI TIMES | | Date of Payment 01/16/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 616 Post Rd E | | City Westport | State CT | Zip Code 06880 |
| Purpose of Expend FOOD | Description FOOD - 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 # |
| | | | | \$85.08 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|---|----------------------------------|----------------------------------|--|-------------------|
| Name of Payee JOSH DELLAQUILA | | Date of Payment 01/20/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>147</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 2855 Fairfield Ave # 2F | | City Bridgeport | State CT | Zip Code 06605 |
| Purpose of Expend RMB | Description STAPLES - POSTERS | | Amount \$79.71 | |
| 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 JOSH DELLAQUILA | | Date of Payment 01/20/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>149</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 2855 Fairfield Ave # 2F | | City Bridgeport | State CT | Zip Code 06605 |
| Purpose of Expend CNSLT | Description INV 011918 | | Amount \$600.00 | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | | |

| | | | | |
|---|---------------------------------------|----------------------------------|--|-------------------|
| Name of Payee JOSH DELLAQUILA | | Date of Payment 01/20/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>150</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 2855 Fairfield Ave # 2F | | City Bridgeport | State CT | Zip Code 06605 |
| Purpose of Expend RMB | Description MILEAGE 01/15-01/19/18 | | Amount \$122.08 | |
| 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|---|---|--------------------------------------|---|------------------------------|
| Name of Payee STAPLES | | Date of Payment 01/21/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 1201 Kings Hwy | | City Fairfield | State CT | Zip Code 06824 |
| Purpose of Expend OFFICE | Description OFFICE SUPPLIES (PAPER) | | | Amount \$17.63 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | |

| | | | | |
|---|---------------------------------------|--------------------------------------|---|----------------------------------|
| Name of Payee STAPLES | | Date of Payment 01/21/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 1201 Kings Hwy | | City Fairfield | State CT | Zip Code 06824 |
| Purpose of Expend OFFICE | Description OFFICE SUPPLIES | | | Amount \$17.63 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | |

| | | | | |
|---|--|--------------------------------------|---|----------------------------------|
| Name of Payee STAPLES | | Date of Payment 01/23/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 1201 Kings Hwy | | City Fairfield | State CT | Zip Code 06824 |
| Purpose of Expend OFFICE | Description PRINTER INK CARTRIDGES | | | Amount \$31.89 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | |

IV. EXPENDITURES (Sections N - S)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|---|---------------------------------------|--------------------------------------|---|------------------------------|
| Name of Payee STAPLES | | Date of Payment 01/23/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 1201 Kings Hwy | | City Fairfield | State CT | Zip Code 06824 |
| Purpose of Expend OFFICE | Description 1099-MISC FORMS | | | Amount \$31.89 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | |

| | | | | |
|---|---------------------------------------|--------------------------------------|--|-------------------------------|
| Name of Payee MICHELLE MECHANIC | | Date of Payment 01/27/2018 | Method of Payment <input checked="" type="checkbox"/> Check # 151 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 6 Blackberry Ln | | City Westport | State CT | Zip Code 06880-2711 |
| Purpose of Expend CNSLT | Description INV 0115-012618 | | | Amount \$480.00 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | |

| | | | | |
|---|--------------------------------|--------------------------------------|--|-------------------------------|
| Name of Payee JUSTIN RAUDEBUSH | | Date of Payment 01/27/2018 | Method of Payment <input checked="" type="checkbox"/> Check # 152 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address W1247 County Road J | | City Wisconsin Dells | State WI | Zip Code 53965 |
| Purpose of Expend CNSLT | Description INV #102 | | | Amount \$442.50 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | |

IV. EXPENDITURES (Sections N - S)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|---|---------------------------------|--|--|------------------------|
| Name of Payee SIMON KORN | | Date of Payment 01/27/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>154</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 41 Wamesit Rd | | City Waban | State MA | Zip Code 02468 |
| Purpose of Expend RMB | Description TRAVEL & STAPLES | | | Amount \$226.67 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | |

| | | | | |
|---|-----------------------------|--|---|----------------------|
| Name of Payee INTUIT QB ONLINE | | Date of Payment 01/29/2018 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 2700 Coast Ave | | City Mountain View | State CA | Zip Code 94043 |
| Purpose of Expend OVHD | Description ONLINE ACCTG | | | Amount \$7.07 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | |

| | | | | |
|---|---|--|--|--------------------------|
| Name of Payee CT DEPT OF REV SERVICES | | Date of Payment 01/31/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>155</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 450 Columbus Blvd Ste 1 | | City Hartford | State CT | Zip Code 06103-1837 |
| Purpose of Expend Misc * | Description CT USE TAX PAYMENT TO 12/31/17 | | | Amount \$2,077.00 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | |

IV. EXPENDITURES (Sections N - S)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|---|------------------------------|--|--|-------------------|
| Name of Payee SIMON KORN | | Date of Payment 01/31/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>156</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 41 Wamesit Rd | | City Waban | State MA | Zip Code 02468 |
| Purpose of Expend CNSLT | Description INV #1 013118 | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$2,322.58 |

| | | | | |
|---|-------------------------|--|--|-------------------|
| Name of Payee MAURA TRACY | | Date of Payment 01/31/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>157</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 5314 Fairway Dr | | City Madison | State WI | Zip Code 53711 |
| Purpose of Expend CNSLT | Description INV #104 | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$3,850.00 |

| | | | | |
|---|------------------------------|--|---|-------------------|
| Name of Payee Google, Inc. | | Date of Payment 02/02/2018 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 1600 Amphitheatre Pkwy | | City Mountain View | State CA | Zip Code 94043 |
| Purpose of Expend BNK | Description JAN BANK FEES | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$126.73 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|---|--|----------------------------------|---|------------------------|
| Name of Payee NGP VAN, INC. | | Date of Payment 02/02/2018 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address PO Box 392264 | | City Pittsburgh | State PA | Zip Code 15251-9264 |
| Purpose of Expend OVHD | Description ONLINE COMPUTER SERVICE - FEB | | | Amount \$950.00 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | |

| | | | | |
|---|------------------------------|----------------------------------|---|------------------------|
| Name of Payee SAGE PAYMENT SOLUTIONS | | Date of Payment 02/02/2018 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 12120 Sunset Hills Rd Ste 500 | | City Reston | State VA | Zip Code 20190 |
| Purpose of Expend BNK | Description CC FEES - JAN | | | Amount \$708.98 |
| 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) | Event # | |

| | | | | |
|---|-----------------------------|----------------------------------|--|------------------------|
| Name of Payee JOSH DELLAQUILA | | Date of Payment 02/02/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>162</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 2855 Fairfield Ave # 2F | | City Bridgeport | State CT | Zip Code 06605 |
| Purpose of Expend CNSLT | Description INV 02/09/18 | | | Amount \$600.00 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | |

IV. EXPENDITURES (Sections N - S)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|---|-----------------------------|-------------------------------|--|-------------------|
| Name of Payee JOSH DELLAQUILA | | Date of Payment 02/03/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>158</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 2855 Fairfield Ave # 2F | | City Bridgeport | State CT | Zip Code 06605 |
| Purpose of Expend CNSLT | Description INV 1/20-2/2 | | Amount \$675.00 | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | | |

| | | | | |
|---|---------------------------------------|-------------------------------|--|-------------------|
| Name of Payee JOSH DELLAQUILA | | Date of Payment 02/03/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>159</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 2855 Fairfield Ave # 2F | | City Bridgeport | State CT | Zip Code 06605 |
| Purpose of Expend RMB | Description MILEAGE 01/20-01/22/18 | | Amount \$122.08 | |
| 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 SAYEED CHOWDHURY | | Date of Payment 02/03/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>160</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 988 State St | | City Bridgeport | State CT | Zip Code 06605 |
| Purpose of Expend RMB | Description FOOD - FUNDRAISER - TASTY HALAL | | Amount \$228.00 | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | | |

IV. EXPENDITURES (Sections N - S)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|---|--|--|---|-------------------------------|
| Name of Payee STAPLES | | Date of Payment 02/04/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 1201 Kings Hwy | | City Fairfield | State CT | Zip Code 06824 |
| Purpose of Expend OFFICE | Description INK & TONER CARTRIDGES/COMPUTER EXTERNAL DRIVE | | | Amount \$138.22 |
| 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 UPS STORE | | Date of Payment 02/04/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 857 Post Rd | | City Fairfield | State CT | Zip Code 06824 |
| Purpose of Expend OVHD | Description MAIL DROP RENTAL - 1 YR | | | Amount \$420.00 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | |

| | | | | |
|---|--|--|---|-------------------------------|
| Name of Payee STAPLES | | Date of Payment 02/04/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 1201 Kings Hwy | | City Fairfield | State CT | Zip Code 06824 |
| Purpose of Expend OFFICE | Description COMPUTER EXTERNAL DRIVE & RESCUE INS | | | Amount \$138.22 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | |

IV. EXPENDITURES (Sections N - S)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|---|---|--|---|--------------------------|
| Name of Payee STAPLES | | Date of Payment 02/05/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 1201 Kings Hwy | | City Fairfield | State CT | Zip Code 06824 |
| Purpose of Expend OFFICE | Description OFFICE SUPPLIES & EXT HARD DRIVE (NET OF RETURN OF ORIG EXT HARD DRIVE) | | | 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 # |
| | | | | \$25.83 |

| | | | | |
|---|---------------------------------------|--|---|--------------------------|
| Name of Payee STAPLES | | Date of Payment 02/05/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 1201 Kings Hwy | | City Fairfield | State CT | Zip Code 06824 |
| Purpose of Expend OFFICE | Description OFFICE SUPPLIES | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$25.83 |

| | | | | |
|---|---|--|--|--------------------------|
| Name of Payee TWO SEVENTY (270) STRATEGIES | | Date of Payment 02/06/2018 | Method of Payment <input checked="" type="checkbox"/> Check # WB1866883 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 626 W Jackson Blvd Ste 600 | | City Chicago | State IL | Zip Code 60661 |
| Purpose of Expend A WEB | Description SI#00687 DIGITAL ADS | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$3,850.00 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|--|--------------------------------|--------------------------------------|--|--------------------------|
| Name of Payee TWO SEVENTY (270) STRATEGIES | | Date of Payment 02/06/2018 | Method of Payment <input checked="" type="checkbox"/> Check # WB1866883 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 626 W Jackson Blvd Ste 600 | | City Chicago | State IL | Zip Code 60661 |
| Purpose of Expend CNSLT | Description SI#00687 | | Amount \$3,150.00 | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | | |

| | | | | |
|--|--|--------------------------------------|--|--------------------------|
| Name of Payee TWO SEVENTY (270) STRATEGIES | | Date of Payment 02/06/2018 | Method of Payment <input checked="" type="checkbox"/> Check # WB1866883 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 626 W Jackson Blvd Ste 600 | | City Chicago | State IL | Zip Code 60661 |
| Purpose of Expend A-WEB | Description SI#00687 - DIGITAL ADS | | Amount \$602.71 | |
| 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 TWO SEVENTY (270) STRATEGIES | | Date of Payment 02/06/2018 | Method of Payment <input checked="" type="checkbox"/> Check # WB1866883 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 626 W Jackson Blvd Ste 600 | | City Chicago | State IL | Zip Code 60661 |
| Purpose of Expend RMB | Description 270 INV# SI#00687-DIGITAL ADS-FACEBOOK INV#23043451 MAR-18 | | Amount \$3,247.29 | |
| 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|---|-----------------------------|----------------------------------|---|-------------------|
| Name of Payee SAGE PAYMENT SOLUTIONS | | Date of Payment 02/07/2018 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 12120 Sunset Hills Rd Ste 500 | | City Reston | State VA | Zip Code 20190 |
| Purpose of Expend BNK | Description CC BANK CHGS | | Amount \$15.00 | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | | |

| | | | | |
|---|------------------------|----------------------------------|--|-------------------|
| Name of Payee JOSH DELLAQUILA | | Date of Payment 02/08/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>161</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 2855 Fairfield Ave # 2F | | City Bridgeport | State CT | Zip Code 06605 |
| Purpose of Expend RMB | Description STAPLES | | Amount \$153.37 | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | | |

| | | | | |
|---|--------------------------------|----------------------------------|--|-------------------|
| Name of Payee JOSH DELLAQUILA | | Date of Payment 02/09/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>163</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 2855 Fairfield Ave # 2F | | City Bridgeport | State CT | Zip Code 06605 |
| Purpose of Expend RMB | Description MILEAGE 2/3-2/9 | | Amount \$61.04 | |
| 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|---|--------------------------------|--|--|-------------------|
| Name of Payee MAURA TRACY | | Date of Payment 02/09/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>164</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 5314 Fairway Dr | | City Madison | State WI | Zip Code 53711 |
| Purpose of Expend RMB | Description OFFICE SUPPLIES | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$108.94 |

| | | | | |
|---|------------------------------|--|--|-------------------|
| Name of Payee DIANA C. SISLER | | Date of Payment 02/09/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>165</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 338 Bennett St . | | City Fairfield | State CT | Zip Code 06825 |
| Purpose of Expend RMB | Description MILEAGE - JAN | | | 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 # |
| | | | | \$122.08 |

| | | | | |
|---|---------------------------------------|--|--|-------------------|
| Name of Payee RESTAURANT MGMT LLC TAWA | | Date of Payment 02/12/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>166</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 487 Glenbrook Rd | | City Stamford | State CT | Zip Code 06906 |
| Purpose of Expend FOOD | Description TAWA FOOD - 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 # |
| | | | | \$340.32 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|---|--|--|---|-------------------------------|
| Name of Payee Brenda Watson | | Date of Payment 02/13/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 13 Wadler Cir | | City Bloomfield | State CT | Zip Code 06002 |
| Purpose of Expend REF | Description REFUND CONTRIBUTION RECEIVED | | | Amount \$100.00 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | |

| | | | | |
|---|---|--|---|------------------------------|
| Name of Payee STAPLES | | Date of Payment 02/15/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 1201 Kings Hwy | | City Fairfield | State CT | Zip Code 06824 |
| Purpose of Expend OFFICE | Description COMPUTER FLASH-THUMB DRIVES FOR FILINGS | | | Amount \$42.53 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | |

| | | | | |
|---|-------------------------------|--|---|----------------------------------|
| Name of Payee STAPLES | | Date of Payment 02/15/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 1201 Kings Hwy | | City Fairfield | State CT | Zip Code 06824 |
| Purpose of Expend OFFICE | Description INK | | | Amount \$42.53 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | |

IV. EXPENDITURES (Sections N - S)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|---|-------------------------------|----------------------------------|---|-------------------|
| Name of Payee HARTFORD PARKING AUTHORITY | | Date of Payment 02/15/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 11 Asylum St | | City Hartford | State CT | Zip Code 06103 |
| Purpose of Expend TRVL | Description PARKING - SEEC | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | \$3.50 |

| | | | | |
|---|-------------------------|----------------------------------|--|-------------------|
| Name of Payee MAURA TRACY | | Date of Payment 02/16/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>167</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 5314 Fairway Dr | | City Madison | State WI | Zip Code 53711 |
| Purpose of Expend CNSLT | Description INV #106 | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | \$3,650.00 |

| | | | | |
|---|-----------------------------|----------------------------------|--|------------------------|
| Name of Payee MICHELLE MECHANIC | | Date of Payment 02/16/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>168</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 6 Blackberry Ln | | City Westport | State CT | Zip Code 06880-2711 |
| Purpose of Expend CNSLT | Description INV 1/29-2/9 | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | \$585.00 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|---|-------------------------------|--|--|-------------------|
| Name of Payee JOSH DELLAQUILA | | Date of Payment 02/19/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>169</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 2855 Fairfield Ave # 2F | | City Bridgeport | State CT | Zip Code 06605 |
| Purpose of Expend CNSLT | Description INV 02/11-2/17 | | | 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 # |
| | | | | \$300.00 |

| | | | | |
|---|----------------------------------|--|--|-------------------|
| Name of Payee JOSH DELLAQUILA | | Date of Payment 02/19/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>171</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 2855 Fairfield Ave # 2F | | City Bridgeport | State CT | Zip Code 06605 |
| Purpose of Expend RMB | Description MILEAGE 2/11-2/17 | | | 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 # |
| | | | | \$61.04 |

| | | | | |
|---|------------------------------|--|---|-------------------|
| Name of Payee HARLAND CLARKE-WB DIRECT | | Date of Payment 02/22/2018 | 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 DEPOSIT SLIPS | | | 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 # |
| | | | | \$17.05 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|---|---------------------------------------|--|---|--------------------------|
| Name of Payee STAPLES | | Date of Payment 02/22/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 1201 Kings Hwy | | City Fairfield | State CT | Zip Code 06824 |
| Purpose of Expend OFFICE | Description TONER & INK | | | 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 # |
| | | | | \$80.80 |

| | | | | |
|---|--------------------------------------|--|---|--------------------------|
| Name of Payee STAPLES | | Date of Payment 02/22/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 1201 Kings Hwy | | City Fairfield | State CT | Zip Code 06824 |
| Purpose of Expend OFFICE | Description INK CARTRIDGES | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$80.80 |

| | | | | |
|---|--|--|---|--------------------------|
| Name of Payee Donat Marchand | | Date of Payment 02/25/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 87 Birch Ln | | City Greenwich | State CT | Zip Code 06830 |
| Purpose of Expend REF | Description REFUND CONTRIBUTION RECEIVED | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$25.00 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|---|---|--|---|-------------------|
| Name of Payee Donat Marchand | | Date of Payment 02/25/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 87 Birch Ln | | City Greenwich | State CT | Zip Code 06830 |
| Purpose of Expend REF | Description REFUND CONTRIBUTION RECEIVED | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$100.00 |

| | | | | |
|---|---|--|---|----------|
| Name of Payee ANAMI BHARGAVA | | Date of Payment 02/25/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 3000 Creekside Dr | | City Dundas | State ON | Zip Code |
| Purpose of Expend REF | Description REFUND CONTRIBUTION RECEIVED | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$151.00 |

| | | | | |
|---|---|--|---|----------|
| Name of Payee ANAMI BHARGAVA | | Date of Payment 02/25/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 3000 Creekside Dr | | City Dundas | State ON | Zip Code |
| Purpose of Expend REF | Description REFUND CONTRIBUTION RECEIVED | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$101.00 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|---|--|----------------------------------|---|----------|
| Name of Payee Thilu Bhargava | | Date of Payment 02/25/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 3000 Creekside Dr | | City Dundas | State ON | Zip Code |
| Purpose of Expend REF | Description REFUND CONTRIBUTION DUE | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | \$100.00 |

| | | | | |
|---|---|----------------------------------|---|-------------------|
| Name of Payee Jane Zhao | | Date of Payment 02/25/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 94 Londonderry Dr | | City Greenwich | State CT | Zip Code 06830 |
| Purpose of Expend REF | Description REFUND CONTRIBUTION RECEIVED | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | \$100.00 |

| | | | | |
|---|---|----------------------------------|---|-------------------|
| Name of Payee Laura Fishman | | Date of Payment 02/25/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 2 Larch Tree Ln | | City Westport | State CT | Zip Code 06880 |
| Purpose of Expend REF | Description REFUND CONTRIBUTION RECEIVED | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | \$100.00 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|---|---|--|---|-------------------|
| Name of Payee MUDITA BHARGAVA | | Date of Payment 02/25/2018 | Method of Payment <input checked="" type="checkbox"/> Check # 176 <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 REF | Description REFUND CONTRIBUTION RECEIVED | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$100.00 |

| | | | | |
|---|--------------------------------|--|---|--------------------|
| Name of Payee STAPLES | | Date of Payment 02/26/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 1201 Kings Hwy | | City Fairfield | State CT | Zip Code 06824 |
| Purpose of Expend OFFICE | Description OFFICE SUPPLIES | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$74.43 |

| | | | | |
|---|------------------------|--|---|------------------------|
| Name of Payee USPS | | Date of Payment 02/26/2018 | 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 | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$6.20 |

IV. EXPENDITURES (Sections N - S)

| | | |
|---|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | TYPE OF REPORT |
| Dita for CT | | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |
| N. Expenses Paid By Committee | | |

| | | | | |
|---|------------------------|--|---|------------------------|
| Name of Payee USPS | | Date of Payment 02/26/2018 | 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 | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$1.21 |

| | | | | |
|---|------------------------|--|---|------------------------|
| Name of Payee USPS | | Date of Payment 02/26/2018 | 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 | | | 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 # |
| | | | | \$10.00 |

| | | | | |
|---|-----------------------------|--|---|--------------------------|
| Name of Payee STAPLES | | Date of Payment 02/26/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 1201 Kings Hwy | | City Fairfield | State CT | Zip Code 06824 |
| Purpose of Expend OFFICE | Description TONER | | | 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 # |
| | | | | \$74.43 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|---|-------------------------|--|--|-------------------|
| Name of Payee MAURA TRACY | | Date of Payment 02/28/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>171</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 5314 Fairway Dr | | City Madison | State WI | Zip Code 53711 |
| Purpose of Expend CNSLT | Description INV #108 | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$3,850.00 |

| | | | | |
|---|-----------------------|--|--|-------------------|
| Name of Payee JOSH DELLAQUILA | | Date of Payment 02/28/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>172</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 2855 Fairfield Ave # 2F | | City Bridgeport | State CT | Zip Code 06605 |
| Purpose of Expend CNSLT | Description INV #6 | | | 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 # |
| | | | | \$960.00 |

| | | | | |
|---|-----------------------|--|--|-------------------|
| Name of Payee SIMON KORN | | Date of Payment 02/28/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>173</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 41 Wamesit Rd | | City Waban | State MA | Zip Code 02468 |
| Purpose of Expend CNSLT | Description INV #2 | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$3,600.00 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|---|------------------------------|--|--|------------------------|
| Name of Payee DIANA C. SISLER | | Date of Payment 02/28/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>174</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 338 Bennett St . | | City Fairfield | State CT | Zip Code 06825 |
| Purpose of Expend RMB | Description MILEAGE - FEB | | | Amount \$186.39 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | |

| | | | | |
|---|--------------------------------|--|---|---------------------------------|
| Name of Payee STAPLES | | Date of Payment 03/01/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 1201 Kings Hwy | | City Fairfield | State CT | Zip Code 06824 |
| Purpose of Expend OFFICE | Description COPIES FOR BANK | | | Amount \$1.75 |
| 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 HARTFORD PARKING AUTHORITY | | Date of Payment 03/01/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 11 Asylum St | | City Hartford | State CT | Zip Code 06103 |
| Purpose of Expend TRVL | Description PARKING - SEEC | | | Amount \$3.25 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | |

IV. EXPENDITURES (Sections N - S)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|---|---------------------------------------|--|---|--------------------------|
| Name of Payee STAPLES | | Date of Payment 03/01/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 1201 Kings Hwy | | City Fairfield | State CT | Zip Code 06824 |
| Purpose of Expend OFFICE | Description OFFICE SUPPLIES | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$14.88 |

| | | | | |
|---|--|--|---|--------------------------|
| Name of Payee STAPLES | | Date of Payment 03/01/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 1201 Kings Hwy | | City Fairfield | State CT | Zip Code 06824 |
| Purpose of Expend OFFICE | Description OFFICE SUPPLIES - MAILING LABELS | | | 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 # |
| | | | | \$14.88 |

| | | | | |
|---|---------------------------------------|--|---|--------------------------|
| Name of Payee STAPLES | | Date of Payment 03/01/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 1201 Kings Hwy | | City Fairfield | State CT | Zip Code 06824 |
| Purpose of Expend PRNT | Description COPIES FOR BANK | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$1.75 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|---|--|--|---|-------------------------------|
| Name of Payee NGP VAN, INC. | | Date of Payment 03/02/2018 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address PO Box 392264 | | City Pittsburgh | State PA | Zip Code 15251-9264 |
| Purpose of Expend POC | Description NGP SVCS FOR MARCH TO CAND COMMITTEE | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) 278995 | Event # | \$950.00 |

| | | | | |
|---|---|--|---|--------------------------|
| Name of Payee INTUIT QB ONLINE | | Date of Payment 03/02/2018 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 2700 Coast Ave | | City Mountain View | State CA | Zip Code 94043 |
| Purpose of Expend POC | Description ONLINE COMPUTER SERVICE - MAR | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) 278997 | Event # | \$7.07 |

| | | | | |
|---|--------------------------------|-------------------------------|---|-------------------|
| Name of Payee Google, Inc. | | Date of Payment 03/02/2018 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 1600 Amphitheatre Pkwy | | City Mountain View | State CA | Zip Code 94043 |
| Purpose of Expend BNK | Description BANK FEES - FEB | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | \$121.20 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|---|---|-------------------------------|---|-------------------|
| Name of Payee SAGE PAYMENT SOLUTIONS | | Date of Payment 03/02/2018 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 12120 Sunset Hills Rd Ste 500 | | City Reston | State VA | Zip Code 20190 |
| Purpose of Expend BNK | Description MERCH SVCS CC FEES - FEB | | Amount \$522.94 | |
| 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 NGP VAN, INC. | | Date of Payment 03/13/2018 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address PO Box 392264 | | City Pittsburgh | State PA | Zip Code 15251-9264 |
| Purpose of Expend POC | Description NGP FUNDRAISING SETUP FEE FOR CANDIDATE COMMITTEE | | Amount \$250.00 | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) 279000 | | |

| | | | | |
|---|---|-------------------------------|--|-------------------|
| Name of Payee Maya Patel | | Date of Payment 03/16/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>175</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 255 Pembroke Ln | | City Richmond | State VA | Zip Code 23238 |
| Purpose of Expend REF | Description REFUND CONTRIBUTION RECEIVED | | Amount \$100.00 | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | | |

IV. EXPENDITURES (Sections N - S)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|---|--|--------------------------------------|--|-------------------------------|
| Name of Payee Catherine Cohan | | Date of Payment 03/16/2018 | Method of Payment <input checked="" type="checkbox"/> Check # 184 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 25 Wallacks Dr | | City Stamford | State CT | Zip Code 06902-7114 |
| Purpose of Expend REF | Description RETURN EXCESS CONTRIBUTION | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | \$100.00 |

| | | | | |
|---|---------------------------------|--------------------------------------|--|--------------------------|
| Name of Payee RED HORSE STRATEGIES | | Date of Payment 03/16/2018 | Method of Payment <input checked="" type="checkbox"/> Check # 182 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 55 Washington St Ste 702 | | City Brooklyn | State NY | Zip Code 11201 |
| Purpose of Expend CNSLT | Description INV #3417 | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | \$3,000.00 |

| | | | | |
|---|--|--------------------------------------|--|--------------------------|
| Name of Payee Saras Jain | | Date of Payment 03/16/2018 | Method of Payment <input checked="" type="checkbox"/> Check # 177 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 360 Slater St | | City South Windsor | State CT | Zip Code 06074 |
| Purpose of Expend REF | Description REFUND CONTRIBUTION RECEIVED | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | \$50.00 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|---|---|--|--|-------------------|
| Name of Payee Baldev Sachdeva | | Date of Payment 03/16/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>178</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 68 Carriage Hill Dr | | City Niantic | State CT | Zip Code 06357 |
| Purpose of Expend REF | Description REFUND CONTRIBUTION RECEIVED | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$100.00 |

| | | | | |
|---|---|--|--|-------------------|
| Name of Payee DANIEL PELLETIER | | Date of Payment 03/16/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>179</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 REF | Description REFUND CONTRIBUTION RECEIVED | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$100.00 |

| | | | | |
|---|---|--|--|-------------------|
| Name of Payee Rama Chaturvedi | | Date of Payment 03/16/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>180</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 39 Beacon St | | City Newington | State CT | Zip Code 06111 |
| Purpose of Expend REF | Description REFUND CONTRIBUTION RECEIVED | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$50.00 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|---|---|--|--|-------------------|
| Name of Payee Veena Chaturvedi | | Date of Payment 03/16/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>181</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 39 Beacon St | | City Newington | State CT | Zip Code 06111 |
| Purpose of Expend REF | Description REFUND CONTRIBUTION RECEIVED | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$50.00 |

| | | | | |
|---|---|--|--|-------------------|
| Name of Payee Andrew Doba | | Date of Payment 03/16/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>183</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 990 North St | | City Greenwich | State CT | Zip Code 06830 |
| Purpose of Expend REF | Description REFUND CONTRIBUTION RECEIVED | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$50.00 |

| | | | | |
|---|--|--|---|-------------------------------|
| Name of Payee CT-DEPT-OF-REVENUE-SVCS | | Date of Payment 03/22/2018 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address PO-Box-5030 | | City Hartford | State CT | Zip Code 06102-5030 |
| Purpose of Expend Misc* | Description CT-DRS-REGISTRATION-FEE-&-USE-TAX-DUE-JAN-FEB-2018 | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$1,293.75 |

Total of Section N

\$64,262.80

| IV. EXPENDITURES (Sections N - S) | | | | | |
|---|-------------|------|-----------------|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | | TYPE OF REPORT | |
| | | | | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment | |
| O. Expenses Paid By Candidate | | | | | |
| Name of Payee (Name of vendor who candidate paid directly) | | | Date of Payment | | Is Reimbursement Claimed? Yes No |
| Street Address | | City | State | Zip Code | Amount |
| Purpose of Expenditure (by code) | Description | | Event # | | |
| Total of Section O | | | | | |

| IV. EXPENDITURES (Sections N - S) | | | | | |
|---|-------------|-----------|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | | TYPE OF REPORT | |
| Dita for CT | | | | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment | |
| P. Expenses Incurred on Committee Credit Card | | | | | |
| Name of Issuing Institution | | | Type of Credit Card: Visa Master Card Discover American Express Other | | |
| Name of Vendor | | | | Date of Transaction | |
| Street Address | | City | State | Zip Code | |
| Purpose of Expenditure (by code) | Description | | | Amount | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Yes No | Expenditure # (if applicable) | | |
| If yes, assign an Expenditure # and complete Itemization in Addendum | | | | | |
| Total of Section P | | | | | |

IV. EXPENDITURES (Sections N - S)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

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

| | | | |
|--|---------------|-------------------------------|--------------------------------------|
| Name of Creditor | | Date Incurred | |
| Street Address | City | State | Zip Code |
| Purpose of Expenditure (bv code) | Description | | Amount Incurred (Estimate or Actual) |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and completes Itemization in Addendum Q | Yes No | Expenditure # (if applicable) | Event # |

| | |
|---------------------------|--|
| Total of Section Q | |
|---------------------------|--|

IV. EXPENDITURES (Sections N - S)

| | |
|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

R. Itemization of Reimbursements and Secondary Payees

| | | | | |
|--|-----------------------|----|--|---|
| Last Name of Worker/Consultant TRACY | First MAURA | MI | Date of Payment to Vendor 12/13/2017 | Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 141 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
|--|-----------------------|----|--|---|

Name of Vendor Paid by Committee Worker/Consultant

132 W 56TH ST GARAGE CORP

| | | | |
|--|-------------------------|--------------------|--------------------------|
| Street Address of Vendor 132 W 56th St | City New York | State NY | Zip Code 10019 |
|--|-------------------------|--------------------|--------------------------|

| | |
|---|-------------------------------------|
| Purpose of Expenditure (by code) TRVL | Description PARKING - NYC |
|---|-------------------------------------|

| | | | |
|---|-------------------------------|-----------------------------|--------------------------|
| 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 # 12132017A | Amount \$11.00 |
| If yes, assign an Expenditure # and completes Itemization in Addendum R | | | |

| | | | | |
|---|---------------------|----------------------|--|--|
| Last Name of Worker/Consultant STRATEGIES | First TWO | MI SEVENTY | Date of Payment to Vendor 01/03/2018 | Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # WB186681 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
|---|---------------------|----------------------|--|--|

Name of Vendor Paid by Committee Worker/Consultant

FACEBOOK, INC.

| | | | |
|---|---------------------------|--------------------|--------------------------|
| Street Address of Vendor 1601 Willow Rd | City Menlo Park | State CA | Zip Code 94025 |
|---|---------------------------|--------------------|--------------------------|

| | |
|--|---|
| Purpose of Expenditure (by code) A-WEB | Description 270 PAID FACEBOOK INV #22981229 BILLING PERIOD JAN-18 |
|--|---|

| | | | |
|---|-------------------------------|---------|-----------------------------|
| 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 \$2,178.94 |
| 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

R. Itemization of Reimbursements and Secondary Payees

| | | | | |
|---|-----------------------|----------------|--|---|
| Last Name of Worker/Consultant SISLER | First DIANA | MI C | Date of Payment to Vendor 01/10/2018 | Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 142 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
|---|-----------------------|----------------|--|---|

| |
|--|
| Name of Vendor Paid by Committee Worker/Consultant DIANA C. SISLER |
|--|

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

| | |
|---|---|
| Purpose of Expenditure (by code) TRVL | Description MILEAGE REIMB DEC |
|---|---|

| | | | |
|---|-------------------------------|---------|---------------------------|
| 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 \$136.96 |
| If yes, assign an Expenditure # and completes Itemization in Addendum R | | | |

| | | | | |
|--|-----------------------|----|--|---|
| Last Name of Worker/Consultant TRACY | First MAURA | MI | Date of Payment to Vendor 01/12/2018 | Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 164 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
|--|-----------------------|----|--|---|

| |
|---|
| Name of Vendor Paid by Committee Worker/Consultant AMAZON.COM |
|---|

| | | | |
|--|------------------------|--------------------|-------------------------------|
| Street Address of Vendor 410 Terry Ave N | City Seattle | State WA | Zip Code 98109-5210 |
|--|------------------------|--------------------|-------------------------------|

| | |
|---|---------------------------------------|
| Purpose of Expenditure (by code) OFFICE | Description OFFICE SUPPLIES |
|---|---------------------------------------|

| | | | |
|---|-------------------------------|---------|---------------------------|
| 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 \$108.94 |
| 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

R. Itemization of Reimbursements and Secondary Payees

| | | | | |
|---|----------------------|----|--|---|
| Last Name of Worker/Consultant DELLAQUILA | First JOSH | MI | Date of Payment to Vendor 01/20/2018 | Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 150 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
|---|----------------------|----|--|---|

Name of Vendor Paid by Committee Worker/Consultant

JOSH DELLAQUILA

Street Address of Vendor

2855 Fairfield Ave # 2F

City

Bridgeport

State

CT

Zip Code

06605

Purpose of Expenditure (by code)

TRVL

Description

REIMB - MILEAGE - 1/15-1/19

Is this expenditure coordinated with another candidate for which reimbursement is sought?

Yes

No

Expenditure # (if applicable)

Event #

Amount

\$122.08

If yes, assign an Expenditure # and completes Itemization in Addendum R

| | | | | |
|---|----------------------------|----|--|---|
| Last Name of Worker/Consultant JOSH | First DELLAQUILA | MI | Date of Payment to Vendor 01/24/2018 | Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 147 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
|---|----------------------------|----|--|---|

Name of Vendor Paid by Committee Worker/Consultant

STAPLES

Street Address of Vendor

1201 Kings Hwy

City

Fairfield

State

CT

Zip Code

06824

Purpose of Expenditure (by code)

OFFICE

Description

BINDERS, ETC.

Is this expenditure coordinated with another candidate for which reimbursement is sought?

Yes

No

Expenditure # (if applicable)

Event #

Amount

\$79.71

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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

R. Itemization of Reimbursements and Secondary Payees

| | | | | |
|--|----------------------|----|--|---|
| Last Name of Worker/Consultant SIMON | First KORN | MI | Date of Payment to Vendor 01/27/2018 | Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 154 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
|--|----------------------|----|--|---|

| |
|---|
| Name of Vendor Paid by Committee Worker/Consultant SIMON KORN |
|---|

| | | | |
|--|----------------------|--------------------|--------------------------|
| Street Address of Vendor 41 Wamesit Rd | City Waban | State MA | Zip Code 02468 |
|--|----------------------|--------------------|--------------------------|

| | |
|---|--|
| Purpose of Expenditure (by code) TRVL | Description REIMB - AIRFARE - DC - EMILY'S LIST FINANCE TRAINING |
|---|--|

| | | | |
|---|-------------------------------|---------|---------------------------|
| 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 \$196.60 |
| If yes, assign an Expenditure # and completes Itemization in Addendum R | | | |

| | | | | |
|---|-----------------------|----|--|---|
| Last Name of Worker/Consultant KORN | First SIMON | MI | Date of Payment to Vendor 01/27/2018 | Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 154 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
|---|-----------------------|----|--|---|

| |
|--|
| Name of Vendor Paid by Committee Worker/Consultant STAPLES |
|--|

| | | | |
|---|--------------------------|--------------------|--------------------------|
| Street Address of Vendor 1201 Kings Hwy | City Fairfield | State CT | Zip Code 06824 |
|---|--------------------------|--------------------|--------------------------|

| | |
|---|-------------------------------------|
| Purpose of Expenditure (by code) OFFICE | Description BINDERS, ETC. |
|---|-------------------------------------|

| | | | |
|---|-------------------------------|---------|--------------------------|
| 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 \$30.07 |
| 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

R. Itemization of Reimbursements and Secondary Payees

| | | | | |
|---|----------------------|----|--|---|
| Last Name of Worker/Consultant DELLAQUILA | First JOSH | MI | Date of Payment to Vendor 02/03/2018 | Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 159 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
|---|----------------------|----|--|---|

Name of Vendor Paid by Committee Worker/Consultant

JOSH DELLAQUILA

Street Address of Vendor

2855 Fairfield Ave # 2F

City

Bridgeport

State

CT

Zip Code

06605Purpose of Expenditure (by code)
TRVL

Description

MILEAGE REIMB 1/20-2/2

Is this expenditure coordinated with another candidate for which reimbursement is sought?

 Yes No

Expenditure # (if applicable)

Event #

Amount

\$122.08

If yes, assign an Expenditure # and completes Itemization in Addendum R

| | | | | |
|---|---------------------|----|--|--|
| Last Name of Worker/Consultant STRATEGIES | First TWO | MI | Date of Payment to Vendor 02/06/2018 | Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
|---|---------------------|----|--|--|

Name of Vendor Paid by Committee Worker/Consultant

FACEBOOK, INC.

Street Address of Vendor

1601 Willow Rd

City

Menlo Park

State

CA

Zip Code

Purpose of Expenditure (by code)
A-WEB

Description

270 INV# SI#00687-DIGITAL ADS-FACEBOOK INV#23043451 MAR-18

Is this expenditure coordinated with another candidate for which reimbursement is sought?

 Yes No

Expenditure # (if applicable)

Event #

Amount

281677**\$3,247.29**

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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

R. Itemization of Reimbursements and Secondary Payees

| | | | | |
|--|------------------------|----|--|---|
| Last Name of Worker/Consultant CHOWDHURY | First SAYEED | MI | Date of Payment to Vendor 02/08/2018 | Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 160 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
|--|------------------------|----|--|---|

| |
|--|
| Name of Vendor Paid by Committee Worker/Consultant TASTY HALAL |
|--|

| | | | |
|---|---------------------------|--------------------|--------------------------|
| Street Address of Vendor 988 State St | City Bridgeport | State CT | Zip Code 06605 |
|---|---------------------------|--------------------|--------------------------|

| | |
|---|--|
| Purpose of Expenditure (by code) FNDR * | Description FOOD - TASTY HALAL - FR 12/16/17 |
|---|--|

| | | | |
|---|-------------------------------|-----------------------------|---------------------------|
| 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 # 12162017A | Amount \$228.00 |
| If yes, assign an Expenditure # and completes Itemization in Addendum R | | | |

| | | | | |
|---|----------------------|----|--|---|
| Last Name of Worker/Consultant DELLAQUILA | First JOSH | MI | Date of Payment to Vendor 02/08/2018 | Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 161 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
|---|----------------------|----|--|---|

| |
|--|
| Name of Vendor Paid by Committee Worker/Consultant STAPLES |
|--|

| | | | |
|---|--------------------------|--------------------|--------------------------|
| Street Address of Vendor 1201 Kings Hwy | City Fairfield | State CT | Zip Code 06824 |
|---|--------------------------|--------------------|--------------------------|

| | |
|---|-------------------------------------|
| Purpose of Expenditure (by code) OFFICE | Description BINDERS, ETC. |
|---|-------------------------------------|

| | | | |
|---|-------------------------------|---------|---------------------------|
| 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 \$153.37 |
| 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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

R. Itemization of Reimbursements and Secondary Payees

| | | | | |
|---|----------------------|----|--|---|
| Last Name of Worker/Consultant DELLAQUILA | First JOSH | MI | Date of Payment to Vendor 02/09/2018 | Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 163 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
|---|----------------------|----|--|---|

Name of Vendor Paid by Committee Worker/Consultant

JOSH DELLAQUILA

Street Address of Vendor

2855 Fairfield Ave # 2F

City

Bridgeport

State

CT

Zip Code

06605Purpose of Expenditure
(by code)
TRVL

Description

MILEAGE REIMB 2/3-2/9

Is this expenditure coordinated with another candidate for which reimbursement is sought?

Yes

No

Expenditure #
(if applicable)

Event #

Amount

\$61.04

If yes, assign an Expenditure # and completes Itemization in Addendum R

| | | | | |
|---|-----------------------|----|--|---|
| Last Name of Worker/Consultant SISLER | First DIANA | MI | Date of Payment to Vendor 02/09/2018 | Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 165 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
|---|-----------------------|----|--|---|

Name of Vendor Paid by Committee Worker/Consultant

DIANA C. SISLER

Street Address of Vendor

338 Bennett St .

City

Fairfield

State

CT

Zip Code

06825Purpose of Expenditure
(by code)
TRVL

Description

MILEAGE REIMB FEB

Is this expenditure coordinated with another candidate for which reimbursement is sought?

Yes

No

Expenditure #
(if applicable)

Event #

Amount

\$122.08

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 | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

R. Itemization of Reimbursements and Secondary Payees

| | | | | |
|---|----------------------|----|--|---|
| Last Name of Worker/Consultant DELLAQUILA | First JOSH | MI | Date of Payment to Vendor 02/19/2018 | Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 170 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
|---|----------------------|----|--|---|

Name of Vendor Paid by Committee Worker/Consultant

JOSH DELLAQUILA

Street Address of Vendor

2855 Fairfield Ave # 2F

City

Bridgeport

State

CT

Zip Code

06605Purpose of Expenditure (by code)
TRVL

Description

MILEAGE REIMB 2/11-2/17

Is this expenditure coordinated with another candidate for which reimbursement is sought?

 Yes No

Expenditure # (if applicable)

Event #

Amount

\$61.04

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 02/19/2018 | Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 174 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
|---|-----------------------|----------------|--|---|

Name of Vendor Paid by Committee Worker/Consultant

DIANA C. SISLER

Street Address of Vendor

338 Bennett St .

City

Fairfield

State

CT

Zip Code

06825Purpose of Expenditure (by code)
TRVL

Description

MILEAGE REIMB FEB

Is this expenditure coordinated with another candidate for which reimbursement is sought?

 Yes No

Expenditure # (if applicable)

Event #

Amount

\$186.39

If yes, assign an Expenditure # and completes Itemization in Addendum R

| | |
|---------------------------|-------------------|
| Total of Section R | \$7,045.59 |
|---------------------------|-------------------|

IV. EXPENDITURES (Sectuibs N - S)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|--|
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - 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 |
|-------------------|--|
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |

N. Expenses Paid By Committee - Addendum

| Expenditure # | Amount of Expenditure |
|---------------|-----------------------|
| 278995 | \$950.00 |

| | |
|---|---|
| Name of Candidate Dita Bhargava | Office Sought State Treasurer |
|---|---|

| Expenditure # | Amount of Expenditure |
|---------------|-----------------------|
| 278997 | \$7.07 |

| | |
|---|---|
| Name of Candidate DITA BHARGAVA | Office Sought State Treasurer |
|---|---|

| Expenditure # | Amount of Expenditure |
|---------------|-----------------------|
| 279000 | \$250.00 |

| | |
|---|---|
| Name of Candidate Dita Bhargava | Office Sought State Treasurer |
|---|---|

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 |
| Dita for CT | Termination Report for Candidate and Exploratory Committees (Non Standard) - Amendment |
| R. Itemization of Reimbursements and Secondary Payees - Addendum | |
| Expenditure # | Amount of Expenditure |
| 281677 | \$3,247.29 |
| Name of Candidate Dita Bhargava | Office Sought State Treasurer |