



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	Brendan Finley	07/16/2018 1:50:01PM			
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	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/05/2018	Aggregate Contributions \$5.00
		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	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/08/2018	Aggregate Contributions \$10.00
		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	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/08/2018	Aggregate Contributions \$100.00
		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	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/09/2018	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 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 \$200.00- \$100.00-

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 9 Shinar Mountain 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 01/10/2018	Aggregate Contributions \$100.00 \$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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/11/2018	Aggregate Contributions \$375.00 \$375.00

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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/11/2018	Aggregate Contributions \$100.00 \$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

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"/> 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	

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 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	

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 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/13/2018
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

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

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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/15/2018	Aggregate Contributions \$100.00
		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/15/2018	Aggregate Contributions \$10.00
		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/16/2018	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 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/16/2018	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

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

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 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"/> 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	

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

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 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 # 01182018A		Date Received 01/18/2018	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 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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 01/18/2018	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 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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 01/18/2018	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 \$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 Melissa Raezer Planting Design, LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 01182018A		Date Received 01/18/2018	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 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 # 01182018A		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 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 # 01182018A		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 \$200.00	Amount of Contribution \$100.00

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 # 01212018A		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 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 Blueprint Partners 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

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 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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child 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>		Date Received 01/19/2018	Aggregate Contributions \$25.00
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 \$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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child 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>		Date Received 01/19/2018	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 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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 \$99.00
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 \$99.00	

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

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 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 #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/19/2018	Aggregate Contributions \$100.00
			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 #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/19/2018	Aggregate Contributions \$100.00
			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 #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/20/2018	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

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 #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/20/2018	Aggregate Contributions \$100.00
			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 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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 01/20/2018	Aggregate Contributions \$100.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$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			

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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 01/21/2018	Aggregate Contributions \$50.00
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution \$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			

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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 01/21/2018	Aggregate Contributions \$50.00
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution \$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			

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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 01/22/2018	Aggregate Contributions \$100.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$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			

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 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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 01/22/2018	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 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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child 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 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 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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child 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 \$200.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name 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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 01/23/2018	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	

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 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"/> Personal Check <input type="checkbox"/> Money Order <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"/> Personal Check <input type="checkbox"/> Money Order <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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/23/2018
		Aggregate Contributions \$75.00	Amount of Contribution \$75.00

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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/23/2018
		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 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? 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 checked="" 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? 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? 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	

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? 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 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 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 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 Hilary Stark		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child 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 type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

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 Mount Hope Capital LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 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	

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 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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 \$200.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name 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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 \$15.00
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 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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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"/> 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 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

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"/> 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

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"/> Personal Check <input type="checkbox"/> Money Order <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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/25/2018
		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 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/25/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name BREHENY	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 #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/25/2018	Aggregate Contributions \$100.00
		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 #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/25/2018	Aggregate Contributions \$100.00
		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 #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/25/2018	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 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 #	Method of 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	

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 \$200.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/26/2018	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

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? If yes, list Event #	Method of 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 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? If yes, list Event #	Method of 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 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? If yes, list Event #	Method of 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

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 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 \$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 Daisy Florin		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/27/2018	Aggregate Contributions \$100.00
		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 \$200.00
		Amount of Contribution \$200.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

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	

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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 \$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 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 TAFTOH, 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 01/28/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

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	

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"/> 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 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"/> Money Order <input type="checkbox"/> Personal Check <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"/> 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 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"/> 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 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 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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/30/2018	Aggregate Contributions \$725.00
			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 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

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

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 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"/> Money Order <input type="checkbox"/> Personal Check <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"/> Money Order <input type="checkbox"/> Personal Check <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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/30/2018	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

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

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

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	

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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 \$75.00
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	

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 Dwight Hilson		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 \$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 Joseph Kantorski		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 Hiru 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 01/31/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

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	

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 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 #		Date Received 01/31/2018	Aggregate Contributions \$200.00-
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00-	

Last Name 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 #		Date Received 01/31/2018	Aggregate Contributions \$200.00-
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00-	

Last Name 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 #		Date Received 01/31/2018	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 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 #		Date Received 01/31/2018	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 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"/> 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 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"/> 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 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	

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 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	

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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 \$5.00
		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of 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 \$25.00	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of 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 \$5.00	Amount of Contribution \$5.00

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"/> 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

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"/> 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

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 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"/> 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 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"/> 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 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of 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 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of 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 \$85.00	Amount of Contribution \$35.00

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

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 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

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

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 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	

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

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

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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/05/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

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"/> Personal Check <input type="checkbox"/> Money Order <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"/> 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 \$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 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"/> Personal Check <input type="checkbox"/> Money Order <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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/06/2018
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

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"/> 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 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"/> 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

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 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"/> 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 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"/> 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 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	

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 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 #		Date Received 02/07/2018	Aggregate Contributions \$200.00-
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00-	

Last Name 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 # 02082018A		Date Received 02/07/2018	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 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 #		Date Received 02/07/2018	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 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 #		Date Received 02/07/2018	Aggregate Contributions \$75.00
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 \$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 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 B Miggs Design 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 02/07/2018	Aggregate Contributions \$100.00
		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child 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"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 02/08/2018	Aggregate Contributions \$100.00
		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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"/> Money Order <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 02/08/2018	Aggregate Contributions \$30.00
		Amount of Contribution \$30.00	

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

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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child 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 GUPTA	First RIDHITA	MI	Contribution ID # 0982
Residential Street Address 2572 Post Rd	City Darlen	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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child 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 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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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	

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

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

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 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? <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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

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

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? <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 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? <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 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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 02/09/2018	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 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"/> Money Order <input type="checkbox"/> Personal Check <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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/09/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

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 type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 02/09/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

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

Last Name 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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 \$200.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

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 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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/11/2018	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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/11/2018	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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/11/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

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>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/11/2018	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 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 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	

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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child 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 02/11/2018	Aggregate Contributions \$375.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$375.00	

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 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

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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child 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 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 02112018B		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 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 Edward Paulsen		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child 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		Date Received 02/11/2018	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 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 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 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	

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? <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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/12/2018
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

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"/> Personal Check <input type="checkbox"/> Money Order <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"/> Personal Check <input type="checkbox"/> Money Order <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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/12/2018
		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 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

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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 \$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 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/12/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

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"/> Personal Check <input type="checkbox"/> Money Order <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"/> Personal Check <input type="checkbox"/> Money Order <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"/> Personal Check <input type="checkbox"/> Money Order <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 JAFAR	First SCHEHERAZADE	MI	Contribution ID # 1031
Residential Street Address 11 Bayberry Ln	City Greenwich	State CT	Zip Code 06831-3008
Principal Occupation ANTIQUÉ 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/12/2018	Aggregate Contributions \$200.00- \$100.00-

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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/13/2018	Aggregate Contributions \$100.00 \$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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/13/2018	Aggregate Contributions \$100.00 \$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 ENTREPRENEUR	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 02/14/2018	Aggregate Contributions \$100.00 \$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

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 #		Date Received 02/15/2018	Aggregate Contributions \$20.00
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 \$20.00	

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 #		Date Received 02/15/2018	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 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 #		Date Received 02/16/2018	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 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 #		Date Received 02/17/2018	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 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/18/2018
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

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 #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/19/2018
		Aggregate Contributions \$375.00	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 #		Method of 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 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 #		Method of 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 \$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 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 #	Method of 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 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	

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 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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent 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 02/20/2018	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	

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? 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"/> Money Order <input type="checkbox"/> Personal Check <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? 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"/> Money Order <input type="checkbox"/> Personal Check <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? If yes, list Event #		Date Received 02/21/2018	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 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of 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 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	

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 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	

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	

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 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

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

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

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

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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child 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 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported 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 02/23/2018	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Total of Section B			\$22,941.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Total on Line 14, Column A of Summary Page)			\$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			
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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
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Address 857 Post Rd # 302	Date Received 03/21/2018	Amount of Receipt \$950.00
City Fairfield	State CT	

				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
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Address 857 Post Rd # 302	Date Received 03/21/2018	Amount of Receipt \$7.07
City Fairfield	State CT	

				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
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Address 857 Post Rd # 302	Date Received 03/21/2018	Amount of Receipt \$250.00
City Fairfield	State CT	

				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
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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 Grant Adjustment Supplemental/Post Election Deficit	Primary General Election Special Election		

Total of Section H

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Dita for CT	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 Zip Code		
Description		

Total of Section I

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Dita for CT		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	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.
		<input checked="" type="checkbox"/> No	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
		<input checked="" type="checkbox"/> No	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes	(If yes, enter Total Receipts here.)
		<input checked="" type="checkbox"/> No	\$0.00
Event # Date of Event 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	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.
		<input type="checkbox"/> No	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
		<input checked="" type="checkbox"/> No	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes	(If yes, enter Total Receipts here.)
		<input checked="" type="checkbox"/> No	\$0.00
Event # Date of Event 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	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.
		<input type="checkbox"/> No	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
		<input checked="" type="checkbox"/> No	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes	(If yes, enter Total Receipts here.)
		<input checked="" type="checkbox"/> No	\$0.00

Total of Section J1	\$0.00
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II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	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
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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	
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II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	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
Event # 02112018B	Aggregate value of this Event - all hosts \$320.49	Aggregate value of all Events - this host/candidate \$320.49	\$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
Event # 02212018A	Aggregate value of this Event - all hosts \$170.56	Aggregate value of all Events - this host/candidate \$170.56	\$170.56

Total of Section J4	\$1,483.59
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III. NONMONETARY RECEIPTS (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	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:	Fair Market Value of this Contribution
Type of Contributor:	Date Received	Aggregate contributions	
Individual Committee Sole Proprietorship			

Total of Section K	
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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 #
				\$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 \$555.00
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 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 \$3,650.00
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 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 \$85.08
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)	Event # 11132017A	

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
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 #
				\$79.71

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
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$600.00

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
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

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? 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 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? 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 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? 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 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? <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 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? <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 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? <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 01/31/2018	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	
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 #
				\$675.00

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	
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 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	
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 #
				12162017A
				\$228.00

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 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
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 #
				\$138.22

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
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 #
				\$420.00

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
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 #
				\$138.22

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		Expenditure # (if applicable)		
If yes, assign an Expenditure # and complete Itemization in Addendum				

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		Expenditure # (if applicable)		
If yes, assign an Expenditure # and complete Itemization in Addendum				

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		Expenditure # (if applicable)		
If yes, assign an Expenditure # and complete Itemization in Addendum				

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
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 #	\$15.00

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
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 #	\$153.37

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
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 #	\$61.04

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
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 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
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 #	\$42.53

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
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 #	\$42.53

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 \$300.00	
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 02/19/2018	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 \$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)		

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 \$17.05	
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 02/22/2018	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 # <u>176</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 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		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 # 174 <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
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 #
				\$186.39

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
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

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
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 #
				\$3.25

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	
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 #
				\$522.94

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	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable) 279000	Event #
				\$250.00

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	
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

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		Expenditure # (if applicable)	Event #	\$100.00
If yes, assign an Expenditure # and complete Itemization in Addendum				

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		Expenditure # (if applicable)	Event #	\$3,000.00
If yes, assign an Expenditure # and complete Itemization in Addendum				

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		Expenditure # (if applicable)	Event #	\$50.00
If yes, assign an Expenditure # and complete Itemization in Addendum				

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:			
				<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other			
Name of Vendor						Date of Transaction	
Street Address			City		State	Zip Code	Amount
Purpose of Expenditure (by code)	Description				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?				Yes	Expenditure # (if applicable)	Event #	
				No			
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	
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IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dita for CT	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
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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
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Purpose of Expenditure (by code) TRVL	Description PARKING - NYC
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event # 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
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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
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Purpose of Expenditure (by code) A-WEB	Description 270 PAID FACEBOOK INV #22981229 BILLING PERIOD JAN-18
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$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
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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
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Purpose of Expenditure (by code) TRVL	Description MILEAGE REIMB DEC
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$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
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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
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Purpose of Expenditure (by code) OFFICE	Description OFFICE SUPPLIES
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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
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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

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
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Name of Vendor Paid by Committee Worker/Consultant

STAPLES

Street Address of Vendor

1201 Kings Hwy

City

Fairfield

State

CT

Zip Code

06824Purpose 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
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Name of Vendor Paid by Committee Worker/Consultant

SIMON KORN

Street Address of Vendor 41 Wamesit Rd	City Waban	State MA	Zip Code 02468
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Purpose of Expenditure (by code) TRVL	Description REIMB - AIRFARE - DC - EMILY'S LIST FINANCE TRAINING
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$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
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Name of Vendor Paid by Committee Worker/Consultant

STAPLES

Street Address of Vendor 1201 Kings Hwy	City Fairfield	State CT	Zip Code 06824
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Purpose of Expenditure (by code) OFFICE	Description BINDERS, ETC.
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$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
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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
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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
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Name of Vendor Paid by Committee Worker/Consultant TASTY HALAL
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Street Address of Vendor 988 State St	City Bridgeport	State CT	Zip Code 06605
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Purpose of Expenditure (by code) FNDR *	Description FOOD - TASTY HALAL - FR 12/16/17
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event # 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
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Name of Vendor Paid by Committee Worker/Consultant STAPLES
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Street Address of Vendor 1201 Kings Hwy	City Fairfield	State CT	Zip Code 06824
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Purpose of Expenditure (by code) OFFICE	Description BINDERS, ETC.
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$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
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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
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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
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Name of Vendor Paid by Committee Worker/Consultant JOSH DELLAQUILA
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Street Address of Vendor 2855 Fairfield Ave # 2F	City Bridgeport	State CT	Zip Code 06605
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Purpose of Expenditure (by code) TRVL	Description MILEAGE REIMB 2/11-2/17
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$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
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Name of Vendor Paid by Committee Worker/Consultant DIANA C. SISLER
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Street Address of Vendor 338 Bennett St .	City Fairfield	State CT	Zip Code 06825
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Purpose of Expenditure (by code) TRVL	Description MILEAGE REIMB FEB
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$186.39
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Total of Section R	\$7,045.59
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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
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Expenditure #	Amount of Expenditure
278997	\$7.07

Name of Candidate DITA BHARGAVA	Office Sought State Treasurer
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Expenditure #	Amount of Expenditure
279000	\$250.00

Name of Candidate Dita Bhargava	Office Sought State Treasurer
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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
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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