

Statement of Financial Interests for 2022



Departure Date :

PERSONAL INFORMATION

First Name and Middle initial:

Matthew D

Last Name:

Ritter

Street Address 1:

169 North Beacon Street

Street Address 2:

City:

Hartford

State:

CONNECTICUT

Zip:

06105

☐ If you are claiming an exemption from disclosure for this property under FOIA

Phone Number:

(860) 240-8500

Email Address:

matthew.ritter@cga.ct.gov

OCCUPATION

☐ Current Dual Employment

Current State Position:

Connecticut General Assembly

Membership:

Representative - Democrat

Name of District:

1

☐ If you also hold or have held a different State position than the position above during the period for which this filing is being made, and that position also required the filing of the SFI form

☐ Previous Dual Employment

Previous State Position:

Membership:

Name of Agency:

SPOUSE	
☐ If you do not have a Spouse	
Spouse First Name and Initial:	Spouse Last Name:
Marilyn A	Katz

FAMILY MEMBERS (CHILDREN)	
☐ If you do not have dependent children	
Child First Name and Initial:	Child Last Name:
Child	***
Child	***

REAL PROPERTY

☐ If you do not own a property

☐ If you are claiming an exemption from disclosure for this property under FOIA

Street Address 1:

Street Address 2:

169 North Beacon Street

City:

State:

Zip:

Hartford

CONNECTICUT

06105

Country:

Owner or Beneficiary:

Matt Ritter and Marilyn Katz

☒ Held Directly?:

Held By: Note: If the property is not held directly, please list the corporation, partnership, or trust that holds the property for the benefit of you, your spouse, or dependent children residing with you.

BUSINESSES		
BUSINESS (WITH WHICH ASSOCIATED)		
☐ If you are not associated with any business		
Name of Business:		
Shipman & Goodwin LLP		
Street Address 1:		Street Address 2:
One Constitution Plaza		
City:	State:	Zip:
Hartford	CONNECTICUT	06103
Nature of Business:	Nature of Interest:	
Lawfirm	Partner	
Interest Held By:		
Self		
Business Affiliation		
Category of Affiliated Business/Individual:		
No affiliation		

BUSINESSES
TRUSTS
☒ If you are not part of a trust

INCOME SOURCES

☐ If you do not have an Income Source(s)

Type Of Income Received:

Salary/Wages

Name of Employer or Other Source:

Shipman & Goodwin LLP

Recipient:

Self

Type Of Income Received:

Salary/Wages

Name of Employer or Other Source:

State of Connecticut

Recipient:

Self

Type Of Income Received:

Salary/Wages

Name of Employer or Other Source:

State of Connecticut- UConn Health Center

Recipient:

Spouse

BLIND TRUST

☒ If you do not have a Blind Trust(s)

SECURITIES

☐ If you had no interest in securities with a fair market value in excess of \$5,000 at any time during the calendar year

Security Name:

529 CHET Account - TIAA CREF

Owner or beneficiary if held by another:

Joint

☒ **Held Directly?:**

Held By:

Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:

American EuroPacific Growth

Owner or beneficiary if held by another:

Self

☒ **Held Directly?:**

Held By:

Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:

Blackrock Event Driven Equity Fund A

Owner or beneficiary if held by another:

Self

☒ **Held Directly?:**

Held By:

Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:
BLACKROCK STRATEGIC INCOME OPP PORT FUND
Owner or beneficiary if held by another:
Self
☒ Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:
Blackrock Total Factor FD Class A
Owner or beneficiary if held by another:
Self
☒ Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:
Brown Capital Management Small Company
Owner or beneficiary if held by another:
Self
☒ Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:
Columbia CT Intermediate Muni Fund
Owner or beneficiary if held by another:
Self
☒ Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:
Dreyfus Funds CT Muni Bond
Owner or beneficiary if held by another:
Self
☒ Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:
Ecofin Global Renewables
Owner or beneficiary if held by another:
Self
☒ Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:
Fidelity Advisor Intl Small Cap CL A
Owner or beneficiary if held by another:
Self
☒ Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:
Fidelity Advisor New Insights
Owner or beneficiary if held by another:
Self
☒ Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:
Fidelity International Small Cap
Owner or beneficiary if held by another:
Self
☒ Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:
Franklin Templeton - Roth IRA
Owner or beneficiary if held by another:
Spouse
☒ Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:
Goldman Sachs High Yield Muni A
Owner or beneficiary if held by another:
Self
☒ Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:
ISHARES CORE S&P TOTAL US MARKET E
Owner or beneficiary if held by another:
Self
☒ Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:
ISHARES Trust Core MSCI Total Intl Stk E
Owner or beneficiary if held by another:
Self
☒ Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:
Loomis Sayles Bond
Owner or beneficiary if held by another:
Self
☒ Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:
Mercer Non US Core Equity
Owner or beneficiary if held by another:
Self
☒ Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:
Primecap Odyssey Aggressive Growth Fund Vanguard
Owner or beneficiary if held by another:
Self
☒ Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:
Prudential 457 Plan
Owner or beneficiary if held by another:
Spouse
☒ Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:
Rayliant Quantamental
Owner or beneficiary if held by another:
Self
☒ Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:
SPDR SER TR MSCI USA STRTGIC
Owner or beneficiary if held by another:
Self
☒ Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:
Stone Ridge High Yield Reinsurance Risk
Owner or beneficiary if held by another:
Self
☒ Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:
Touchstone Sands Emerg Mkts Growth
Owner or beneficiary if held by another:
Self
☒ Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:
Transamerica Mid Cap Calue Opportunities A
Owner or beneficiary if held by another:
Self
☒ Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:
Tweedy Browne Global Value
Owner or beneficiary if held by another:
Self
☒ Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:
Vanguard 500 Index Adm
Owner or beneficiary if held by another:
Self
☒ Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:
Vanguard Equity Income
Owner or beneficiary if held by another:
Self
☒ Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:
Vanguard International Growth FUnd
Owner or beneficiary if held by another:
Self
☒ Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:
Versus Capital Real Assets CL I
Owner or beneficiary if held by another:
Self
☒ Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

LEASES
☒ If you do not have a State lease(s)

CONTRACTS
☒ If you do not have a State contract(s)

CONFIDENTIAL ADDENDUM
☒ I choose to retain confidentiality. Note: You must be ready to file all confidential information in this one session.

CERTIFICATION

- I UNDERSTAND that if I fail to file this statement timely and accurately, I may be subject to a penalty of up to \$10,000.
- I UNDERSTAND that all information I provide on this form shall be a matter of public record and may be disclosed by the Office of State ethics upon request, unless exempt from disclosure by General Statutes 1-83(c) or the Freedom of Information Act, Connecticut General Statutes 1-200 *et. seq* if I chose to retain confidentiality on my addendum.
- I UNDERSTAND that if, by reason of impossibility, I am unable to provide the information required by this form, I may petition the Citizen's Ethics Advisory Board for a waiver.
- I UNDERSTAND that I must file with the Office of State Ethics, a report of the payment or reimbursement of "necessary expenses" for lodging and/or out-of-state travel incurred by me, in my capacity as a public official or state employee, for an article, appearance, speech, or for my participation at an event, unless the payment or reimbursement is provided by the State of Connecticut, the federal government or another state government. I FURTHER UNDERSTAND that if, either intentionally or due to gross negligence, I fail to file such a report within thirty(30) days after receiving the payment or reimbursement, I will be required to return the payment or reimbursement and may be subject to a penalty for up to \$10,000.
- I CERTIFY, UNDER PENALTY OF FALSE STATEMENT, that this Annual Statement of Financial Interests, including the Confidential Addendum, is a complete and accurate statement of financial interests, as defined by Connecticut General Statutes 1-83(b)(1), for myself, my spouse, and dependent residing in my household, during the calendar year 2022

☒ **I have read and agree to all above certifications.**

Name:

Matthew D Ritter

Filed Date and Time:

01/06/2023 3:39 PM