Statement of Financial Interests for 2023

Departure Date :

PERSONAL INFORMATION

First Name and Middle initial:		Last Name:
Matthew D		Ritter
Street Address 1:		**Street Address 2:**
169 North Beacon Street		
City:	**State:**	**Zip:**
Hartford	CONNECTICUT	06105

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

Phone Number:	Email Address:
(860) 240-8500	matthew.ritter@cga.ct.gov

OCCUPATION

☐ **Current Dual Employment**

Current State Position:	Membership:
Connecticut General Assembly	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:

One Constitution Plaza

Street Address 2:

City:

Hartford

State:

CONNECTICUT

Zip:

06103

Nature of Business:

Lawfirm

Nature of Interest:

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:

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:

American Europacific Growth 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:

Baird Aggregate Bond Inst

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 opportunities

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 Opps Instl

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:

BNY MELLON CONNECTICUT 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:

BNY Mellon Municipal Bond 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:

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:

Dodge & Cox 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:

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 401K 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:

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 Intl Small Cap 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:

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 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 Intermediate Muni 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:

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:

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:

Goldman Sachs High Yield Municipal 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:

Ishares Core MSCI Total International Stock ETF - Symbol IXUS

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 TR IBONDS DEC 2024 TERM MUN BD ETF

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:

ITOT

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:

Neuberger Berman Long

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:

Neuberger Berman Long Short 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:

Primecap Odyssey Aggressive 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:

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 S&P EMERGING MARKETS ETF

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:

Touchstone Sands Emerg Mrkts 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:

Touchstone Sands Emerg Mrkts 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:

Transamerica Mid cap Value Opportunities 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:

Vanguard 401k plan

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 Extended Market ETF - DNQ (VXF)

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 High Dividend Yield (VYM)

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 Index Fds Small Cap (VBR)

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 Intermediate Term Tax Exempt

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 S&P 500 ETF

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 Statues 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 2023

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

Name:	Matthew D Ritter
Filed Date and Time:	01/08/2024 3:09 PM