



**COVER PAGE**

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE			
Pereira For Progress				<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee			
3. TREASURER NAME							
First <b>Eric</b>		MI <b>D</b>	Last <b>Stewart-Alicea</b>			Suffix	
4. TREASURER ADDRESS							
Street Address <b>186 Livingston Pl</b>			City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06610</b>	
5. ELECTION DATE		6. OFFICE SOUGHT (Complete only if Candidate Committee)				7. DISTRICT NUMBER (if applicable)	
<b>11/08/2016</b>		<b>State Representative</b>				<b>R126</b>	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)							
First <b>Maria</b>		MI <b>H</b>	Last <b>Pereira</b>			Suffix	
9. TYPE OF REPORT							
<b>30 Days Following Primary - Original</b>							
10. PERIOD COVERED							
		Beginning Date		thru		Ending Date	
		<b>08/03/2016</b>				<b>08/31/2016</b>	
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 <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.							
<b>Electronic Filing</b>		<b>Eric Stewart-Alicea</b>			<b>09/08/2016 10:21:17PM</b>		
SIGNATURE		PRINT NAME OF THE SIGNER			DATE CERTIFIED		
<p><b>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.</b></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	
<b>Pereira For Progress</b>	30 Days Following Primary - Original	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		<b>\$0.00</b>
13. Balance on hand at the beginning of Reporting Period	<b>\$6,021.95</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$0.00</b>	<b>\$5,775.00</b>
15. Receipts from Other Committees (Sections C1 and C2)	<b>\$0.00</b>	<b>\$0.00</b>
16. Other Monetary Receipts (Section D through I)	<b>\$0.00</b>	<b>\$28,855.00</b>
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	<b>\$0.00</b>	<b>\$0.00</b>
18. Total Monetary Receipts (add totals for lines 14 through 17)	<b>\$0.00</b>	<b>\$34,630.00</b>
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	<b>\$6,021.95</b>	<b>\$34,630.00</b>
20. Expenses Paid by Committee (Section N)	<b>\$5,456.69</b>	<b>\$34,064.74</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	<b>\$565.26</b>	<b>\$565.26</b>
22. In-Kind Donations not Considered Contributions Received (Section J3)	<b>\$0.00</b>	<b>\$0.00</b>
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	<b>\$0.00</b>	<b>\$0.00</b>
24. In-Kind Contributions Received (Section K)	<b>\$0.00</b>	<b>\$0.00</b>
25. Refundable Deposit to Telephone Company (Section L)	<b>\$0.00</b>	<b>\$0.00</b>
26. Beginning Loan Balance	<b>\$0.00</b>	
26a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
26b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26c. - Payments on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26d. Total Outstanding Loan Amount	<b>\$0.00</b>	
27. Campaign Expenses Paid By Candidate (Section O)	<b>\$326.30</b>	<b>\$3,533.66</b>
28. Expenses Incurred on Committee Credit Card (Section P)	<b>\$0.00</b>	<b>\$0.00</b>
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	<b>\$554.22</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$554.22</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Pereira For Progress		30 Days Following Primary - Original	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b>			For Nonparticipating Candidates ONLY
<b>B. Itemized Contributions from Individuals</b>			

Last Name		First		MI	Contribution ID #
Residential Street Address		City		State	Zip Code
Principal Occupation			Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
Yes      No Executive      Legislative			Yes      No		
Is this contribution associated with an event reported in Section J1?	Yes	Method of contribution:		Date Received	Aggregate Contributions
If yes, list Event #	No	Cash	Personal Check		
		Money Order	Credit/Debit Card		

<b>Total of Section B</b>				
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> (Sections A + B) <i>(Total on Line 14, Column A of Summary Page)</i>				

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Pereira For Progress				30 Days Following Primary - Original	
<b>C1. Contributions from Other Committees</b>					
Name of Committee			Name of Treasurer		
Address			Is this contribution associated with an event reported in Section J1?		Amount of Contribution
			Yes      No If yes, list Event #		
City	State	Zip Code	Date Received	Aggregate Contributions	
<b>Total of Section C1</b>					

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	TYPE OF REPORT
Pereira For Progress	30 Days Following Primary - Original

**C2. Reimbursements or Surplus Distributions from other Committees**

Name of Committee				Name of Treasurer			
Address					Date Received		Amount of Receipt
City			State	Zip Code	Payment Type		
					Reimbursement for shared expense		
					Surplus distribution from exploratory committee		
Expenditure #		Description					
<b>Total of Section C2</b>							

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	TYPE OF REPORT
Pereira For Progress	30 Days Following Primary - Original

**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			
<b>Total of Section D</b>								

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	TYPE OF REPORT
Pereira For Progress	30 Days Following Primary - Original

**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	
<b>Total of Section E</b>				

**I. Monetary Receipts (Section A-I)**

NAME OF COMMITTEE	TYPE OF REPORT
Pereira For Progress	30 Days Following Primary - Original

**G. Interest from Deposits in Authorized Accounts**

Name of Institution	Date Received	Amount
Street Address	City	State
		Zip Code
<b>Total of Section G</b>		

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	TYPE OF REPORT
Pereira For Progress	30 Days Following Primary - Original

**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		
<b>Total of Section H</b>			

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	TYPE OF REPORT
Pereira For Progress	30 Days Following Primary - Original

**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
Pereira For Progress	30 Days Following Primary - Original

**J1. Event Information**

Event # Date of Event	Letter	Description	Was this a fundraising event? Yes      No
Location: Street Address		City	State      Zip Code
Was this event hosted at a personal residence?	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.	
	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?	Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.	
	No		
<b>Subpart 1:</b>			
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	Yes	(If yes, enter Total Receipts here.)	
	No		

**Total of Section J1**

**II. EVENT ACTIVITY (Sections J1 - J4)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Pereira For Progress	30 Days Following Primary - Original

**J3. In-Kind Donations Not Considered Contributions**

Name of the Donor

Street Address	City	State	Zip Code
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Donation Given by:  Individual  Business Entity  Sole Proprietorship	Description of Donation			Fair Market Value of Donation
	Date Received	Event #	Aggregate value for this event	

**Total of Section J3**

**II. EVENT ACTIVITY (Sections J1 - J4)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Pereira For Progress	30 Days Following Primary - Original

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

Name of Host	Is this event supporting more than one candidate? Yes      No      If yes, complete Itemization in Addendum J4
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Street Address	City	State	Zip Code
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Description of Donation			Fair Market Value of Donation
Event #	Aggregate value of this Event - all hosts	Aggregate value of all Events - this host/candidate	

**Total of Section J4**

**III. NONMONETARY RECEIPTS (Sections K - L)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Pereira For Progress	30 Days Following Primary - Original

**K. In-Kind Contributions**

Name			
Street Address		City	State   Zip Code
Is this contribution associated with an event reported in Section J1?	Yes No	Description of In-Kind Contribution	
If yes, list Event#			
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	Yes No Executive   Legislative
Type of Contributor:		Date Received	Aggregate contributions
Individual      Committee      Sole Proprietorship			
<b>Total of Section K</b>			

**III. Non Monetary Receipts (Sections K - L)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Pereira For Progress	30 Days Following Primary - Original

**L. Refundable Deposit to Telephone Company**

Last Name of Individual	First Name	MI	Date Deposit Made
Residential Street Address	City	State	Zip Code
Name of Telephone company			
Street Address	City	State	Zip Code
<b>Total of Section L</b>			Amount of Deposit



### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Pereira For Progress	30 Days Following Primary - Original

#### N. Expenses Paid By Committee

Name of Payee NationBuilder		Date of Payment 08/04/2016	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 520 S Grand Ave Fl 2 .		City Los Angeles	State CA	Zip Code 90071
Purpose of Expend WEB	Description			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 #	\$86.03

Name of Payee Helen Losak		Date of Payment 08/05/2016	Method of Payment <input checked="" type="checkbox"/> Check # <u>155</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 304 Bradley St		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend WAGE	Description			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 #	\$198.00

Name of Payee Kim Vendreyes-Martin		Date of Payment 08/05/2016	Method of Payment <input checked="" type="checkbox"/> Check # <u>153</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 113 Atlantic St .		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend WAGE	Description			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 #	\$300.00

### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Pereira For Progress	30 Days Following Primary - Original

#### N. Expenses Paid By Committee

Name of Payee Imani Jean-Gilles		Date of Payment 08/05/2016	Method of Payment <input checked="" type="checkbox"/> Check # <u>158</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 240 Ruth St		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend WAGE	Description			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 #
				\$270.00

Name of Payee Frances Christy		Date of Payment 08/05/2016	Method of Payment <input checked="" type="checkbox"/> Check # <u>157</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1302 Stratford Ave		City Bridgeport	State CT	Zip Code 06607
Purpose of Expend WAGE	Description			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 #
				\$456.50

Name of Payee Cathy Vendreyes-Martin		Date of Payment 08/05/2016	Method of Payment <input checked="" type="checkbox"/> Check # <u>159</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 113 Atlantic St .		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend WAGE	Description			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 #
				\$534.00

### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Pereira For Progress	30 Days Following Primary - Original

#### N. Expenses Paid By Committee

Name of Payee Kim Vendryes-Martin		Date of Payment 08/11/2016	Method of Payment <input checked="" type="checkbox"/> Check # <u>160</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 113 Atlantic St .		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend WAGE	Description wages for 08/05 - 08/09		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

Name of Payee Beverly Evans Johnson		Date of Payment 08/11/2016	Method of Payment <input checked="" type="checkbox"/> Check # <u>161</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 850 Atlantic St # 204		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend WAGE	Description wages for 08/05 - 08/09		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 Frances Christy		Date of Payment 08/11/2016	Method of Payment <input checked="" type="checkbox"/> Check # <u>162</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1302 Stratford Ave		City Bridgeport	State CT	Zip Code 06607
Purpose of Expend WAGE	Description wages for 08/05 - 08/09		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 #
				\$508.75

### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Pereira For Progress	30 Days Following Primary - Original

#### N. Expenses Paid By Committee

Name of Payee Cathy Vendreyes-Martin		Date of Payment 08/11/2016	Method of Payment <input checked="" type="checkbox"/> Check # <u>163</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 113 Atlantic St .		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend WAGE	Description wages for 08/05 - 08/09		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 #
				\$294.00

Name of Payee Helen Losak		Date of Payment 08/11/2016	Method of Payment <input checked="" type="checkbox"/> Check # <u>164</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 304 Bradley St		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend WAGE	Description wages for 08/05 - 08/09		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 #
				\$150.00

Name of Payee Helen Losak		Date of Payment 08/11/2016	Method of Payment <input checked="" type="checkbox"/> Check # <u>171</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 304 Bradley St		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend WAGE	Description wages for 08/05 - 08/09		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 #
				\$114.00

### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Pereira For Progress	30 Days Following Primary - Original

#### N. Expenses Paid By Committee

Name of Payee Imani Jean-Gilles		Date of Payment 08/11/2016	Method of Payment <input checked="" type="checkbox"/> Check # <u>165</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 240 Ruth St		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend WAGE	Description Wages for 08/05 -08/09		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 #
				\$390.00

Name of Payee Karen Jackson		Date of Payment 08/11/2016	Method of Payment <input checked="" type="checkbox"/> Check # <u>166</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 349 Nob Hill Cir		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend WAGE	Description Wages for Poll Standing 08/09		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 #
				\$82.50

Name of Payee Tammy Boyle		Date of Payment 08/11/2016	Method of Payment <input checked="" type="checkbox"/> Check # <u>167</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 324 Lyon Ter		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend WAGE	Description Wages for Poll Standing		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 #
				\$148.50

### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Pereira For Progress	30 Days Following Primary - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Cynthia Infante		Date of Payment 08/11/2016	Method of Payment <input checked="" type="checkbox"/> Check # <u>169</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 583 Brooks St		City Bridgeport	State CT	Zip Code 06608
Purpose of Expend WAGE	Description Wages for office support 08/09		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 #
				\$217.50

Name of Payee Eric Stewart-Alicea		Date of Payment 08/11/2016	Method of Payment <input checked="" type="checkbox"/> Check # <u>170</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 186 Livingston Pl		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend WAGE	Description Wages for poll standing 08/09		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 #
				\$165.00

Name of Payee Eric Stewart-Alicea		Date of Payment 08/11/2016	Method of Payment <input checked="" type="checkbox"/> Check # <u>168</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 186 Livingston Pl		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend WAGE	Description Wages for poll standing 08/09		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 #
				\$123.75

### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Pereira For Progress	30 Days Following Primary - Original

#### N. Expenses Paid By Committee

Name of Payee Eric Stewart-Alicea		Date of Payment 08/11/2016	Method of Payment <input checked="" type="checkbox"/> Check # <u>151</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 186 Livingston Pl		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend WAGE	Description Final Payment for Treasurer		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 #
				\$500.00

Name of Payee Southern Conn. Gas Co.		Date of Payment 08/11/2016	Method of Payment <input checked="" type="checkbox"/> Check # <u>172</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 9112		City Chelsea	State MA	Zip Code 02150
Purpose of Expend OVHD	Description Gas Bill		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 type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$23.16

Name of Payee TD Bank		Date of Payment 08/31/2016	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1000 Lafayette Blvd		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend BNK	Description		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

**Total of Section N**

**\$5,456.69**

### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Pereira For Progress	30 Days Following Primary - Original

#### O. Expenses Paid By Candidate

Name of Payee (Name of vendor who candidate paid directly)			Date of Payment		Is Reimbursement Claimed?	
Stop and Shop			08/09/2016		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City	State	Zip Code		
898 Bridgeport Ave		Shelton	CT	06484		
Purpose of Expenditure (by code)	Description			Event #		<b>Amount</b>  \$31.86
FOOD						
Name of Payee (Name of vendor who candidate paid directly)			Date of Payment		Is Reimbursement Claimed?	
Tony's Huntington Inn			08/09/2016		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City	State	Zip Code		
437 Huntington Tpke		Bridgeport	CT	06610		
Purpose of Expenditure (by code)	Description			Event #		<b>Amount</b>  \$100.00
FOOD						
Name of Payee (Name of vendor who candidate paid directly)			Date of Payment		Is Reimbursement Claimed?	
Subway			08/09/2016		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City	State	Zip Code		
533 Broadbridge Rd		Bridgeport	CT	06610		
Purpose of Expenditure (by code)	Description			Event #		<b>Amount</b>  \$11.70
FOOD						
Name of Payee (Name of vendor who candidate paid directly)			Date of Payment		Is Reimbursement Claimed?	
McDonald's			08/09/2016		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City	State	Zip Code		
60 Hawley Ln		Trumbull	CT	06611		
Purpose of Expenditure (by code)	Description			Event #		<b>Amount</b>  \$26.42
FOOD						



### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Pereira For Progress	30 Days Following Primary - Original

### O. Expenses Paid By Candidate

Name of Payee (Name of vendor who candidate paid directly)		Date of Payment	Is Reimbursement Claimed?		
Subway		08/09/2016	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address		City	State	Zip Code	<b>Amount</b>
533 Broadbridge Rd		Bridgeport	CT	06610	
Purpose of Expenditure (by code)	Description		Event #		\$56.79
FOOD					
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment	Is Reimbursement Claimed?		
BJ's Wholesale Club		08/09/2016	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address		City	State	Zip Code	<b>Amount</b>
955 Ferry Blvd		Stratford	CT	06615	
Purpose of Expenditure (by code)	Description		Event #		\$99.53
FOOD					
<b>Total of Section O</b>					<b>\$326.30</b>

#### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Pereira For Progress	30 Days Following Primary - Original

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

**Total of Section P**

### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Pereira For Progress	30 Days Following Primary - Original

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

Name of Creditor Maria Pereira		Date Incurred 08/09/2016	
Street Address 85 Nutmeg	City Bridgeport	State CT	Zip Code 06610
Purpose of Expenditure (by code)  RMB	Description  Reimbursement for Primary Food	Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			\$326.30
Name of Creditor United Illuminating Company		Date Incurred 08/09/2016	
Street Address PO Box 9230	City Chelsea	State MA	Zip Code 02150
Purpose of Expenditure (by code)  OVHD	Description	Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			\$161.90

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Pereira For Progress	30 Days Following Primary - Original

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

Name of Creditor Cablevision		Date Incurred 08/09/2016	
Street Address PO Box 9256		City Chelsea	State MA
		Zip Code 02150	
Purpose of Expenditure (bv code)	Description	Amount Incurred (Estimate or Actual)	
OVHD			
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Expenditure # (if applicable)	Event #
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum Q			
			\$66.02

**Total of Section Q****\$554.22**

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Pereira For Progress	30 Days Following Primary - Original

**R. Itemization of Reimbursements and Secondary Payees**

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:  Check #  Debit Card  EFT	
Name of Vendor Paid by Committee Worker/Consultant					
Street Address of Vendor		City		State	Zip Code
Purpose of Expenditure (by code)	Description			Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Yes  No	Expenditure # (if applicable)	Event #		
If yes, assign an Expenditure # and completes Itemization in Addendum R					

**Total of Section R**

**IV. EXPENDITURES (Sectuibs N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Pereira For Progress	30 Days Following Primary - Original

**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 J4. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
J4. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum	
Event #	
Name of Candidate	

Section N. ADDENDUM		
NAME OF COMMITTEE	TYPE OF REPORT	
N. Expenses Paid By Committee - Addendum		
Expenditure #	Amount of Expenditure	
Name of Candidate	Office Sought	

Section N. ADDENDUM		
NAME OF COMMITTEE	TYPE OF REPORT	
N. Expenses Paid By Committee - Addendum		
Expenditure #	Amount of Expenditure	
Name of Candidate	Office Sought	

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

Section 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	

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

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