

SEEC FORM 30Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015



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Page 1 of 42

COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
Bermudez for NH				☒ Candidate Committee ☐ Exploratory Committee	
3. TREASURER NAME					
First	MI	Last		Suffix	
shannon	G	raider			
4. TREASURER ADDRESS					
Street Address	City	State	Zip Code		
10 Field St	New Haven	CT	06515-1620		
5. ELECTION DATE	6. OFFICE SOUGHT (Complete only if Candidate Committee)			7. DISTRICT NUMBER (if applicable)	
11/03/2026	State Representative			R097	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First	MI	Last		Suffix	
Wildaliz		Bermudez			
9. TYPE OF REPORT					
30 Days Following Primary - Amendment					
10. PERIOD COVERED					
Beginning Date Ending Date					
08/05/2026 thru 08/31/2026					
11. CERTIFICATION					
☒ 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		shannon raider		09/23/2026 9:36:04PM	
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED	
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.					

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	
Bermudez for NH	30 Days Following Primary - 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	\$22,901.58	
14. Contributions received from Individuals (Section A and B)	\$0.00	\$7,175.66
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$62.42	\$39,117.31
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$84.24
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$62.42	\$46,377.21
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$22,964.00	\$46,377.21
20. Expenses Paid by Committee (Section N)	\$20,694.41	\$44,107.62
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$2,269.59	\$2,269.59
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)	\$0.00	\$360.53
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	\$607.27
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	
Bermudez for NH				30 Days Following Primary - Amendment	
A. Total Contributions from Small Contributors-Received this Period ONLY				For Nonparticipating Candidates ONLY	
B. Itemized Contributions from Individuals					
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? Yes No If yes, indicate which branch or branches of government the contract is with: Executive Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? Yes	Method of contribution: Cash Personal Check Money Order Credit/Debit Card		Date Received	Aggregate Contributions	
If yes, list Event # No					
Total of Section B					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Total on Line 14, Column A of Summary Page)					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Bermudez for NH				30 Days Following Primary - 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 If yes, list Event #		Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions	
Total of Section C1					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Bermudez for NH				30 Days Following Primary - Amendment	
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				
Total of Section C2					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Bermudez for NH				30 Days Following Primary - 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	Stat	Zip Code	
Total of Section D					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Bermudez for NH	30 Days Following Primary - 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
Bermudez for NH	30 Days Following Primary - 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
Bermudez for NH	30 Days Following Primary - 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

Bermudez for NH

TYPE OF REPORT

30 Days Following Primary - Amendment

I. Miscellaneous Monetary Receipts not Considered Contributions

Name

CallFire EZ Texting

Date of Transaction

08/05/2026

Amount Received

Street Address

548 Market St Ste 44523

City

San Francisco

State

CA

Zip Code

94104

Description

refund on expenditure

\$31.21

Name

CallFire EZ Texting

Date of Transaction

08/05/2026

Amount Received

Street Address

548 Market St Ste 44523

City

San Francisco

State

CA

Zip Code

94104

Description

refund on expenditure

\$31.21

Total of Section I**\$62.42**

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bermudez for NH	30 Days Following Primary - Amendment

J1. Event Information

Event # Date of Event 08/10/2026	Letter A	Description Speech Event	Was this a fundraising event? ☐ Yes ☒ No
Location: Street Address 339 Eastern St		City New Haven	State CT
		Zip Code 06513	
Was this event hosted at a personal residence?		☐ Yes ☒ 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?		☐ Yes ☒ 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?		☐ Yes ☒ No	(If yes, enter Total Receipts here.) \$0.00

Event # Date of Event 08/11/2026	Letter B	Description Victory/Thank you Event	Was this a fundraising event? ☐ Yes ☒ No
Location: Street Address 101 Farron Ave .		City New Haven	State CT
		Zip Code 06513	
Was this event hosted at a personal residence?		☐ Yes ☒ 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?		☐ Yes ☒ 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?		☐ Yes ☒ No	(If yes, enter Total Receipts here.) \$0.00

Event # Date of Event 08/18/2026	Letter C	Description Victory/Thank you Event	Was this a fundraising event? ☐ Yes ☒ No
Location: Street Address 339 Eastern St .		City New Haven	State CT
		Zip Code 06513	
Was this event hosted at a personal residence?		☐ Yes ☒ 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?		☐ Yes ☒ 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?		☐ Yes ☒ No	(If yes, enter Total Receipts here.) \$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
Bermudez for NH	30 Days Following Primary - Amendment

J3. In-Kind Donations Not Considered Contributions

Name of the Donor				
Street Address		City		State Zip Code
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	
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II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bermudez for NH	30 Days Following Primary - Amendment

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	
Street Address		City State Zip Code	
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	
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III. NONMONETARY RECEIPTS (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Bermudez for NH

30 Days Following Primary - Amendment

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?

Yes

No

If yes, indicate which branch or branches of government the contract is with:

Executive

Legislative

Fair Market Value of this Contribution

Type of Contributor:

Individual

Committee

Sole Proprietorship

Date Received

Aggregate contributions

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Bermudez for NH

30 Days Following Primary - 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
Bermudez for NH	30 Days Following Primary - Amendment

N. Expenses Paid By Committee

Name of Payee ZOOM Communications Inc.		Date of Payment 08/05/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 55 Almaden Blvd .		City San Jose		State CA
Zip Code 95113				
Purpose of Expendit OVHD	Description zoom account for meetings			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	
			\$18.07	

Name of Payee CallHub		Date of Payment 08/05/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 2093 Philadelphia Pike # 7468		City Claymont		State DE
Zip Code 19703				
Purpose of Expendit A-PH-BNK	Description bulk texting service			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	
			\$100.00	

Name of Payee Alexander Rodriguez		Date of Payment 08/06/2026	Method of Payment ☒ Check # <u>149</u> ☐ Debit Card ☐ EFT	
Street Address 98 Olive St Unit 210C		City New Haven		State CT
Zip Code 06511				
Purpose of Expendit WAGE	Description canvass			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	
			\$180.00	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bermudez for NH	30 Days Following Primary - Amendment

N. Expenses Paid By Committee

Name of Payee Jayson Gonzales		Date of Payment 08/06/2026	Method of Payment ☒ Check # <u>148</u> ☐ Debit Card ☐ EFT	
Street Address 94 Carlisle St Apt 1		City New Haven	State CT	Zip Code 06519
Purpose of Expendit WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$160.00

Name of Payee Meta		Date of Payment 08/06/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1 Meta Way		City Menlo Park	State CA	Zip Code 94025
Purpose of Expendit A-WEB	Description facebook ads			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$900.00

Name of Payee Meta		Date of Payment 08/07/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1 Meta Way		City Menlo Park	State CA	Zip Code 94025
Purpose of Expendit A-WEB	Description facebook ads			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$50.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bermudez for NH	30 Days Following Primary - Amendment
N. Expenses Paid By Committee	

Name of Payee Meta		Date of Payment 08/07/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1 Meta Way		City Menlo Park	State CA	Zip Code 94025
Purpose of Expendit A-WEB	Description facebook ads			Amount \$5.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Sammy Chamimo		Date of Payment 08/09/2026	Method of Payment ☒ Check # <u>150</u> ☐ Debit Card ☐ EFT	
Street Address 17 Pine St .		City New Haven	State CT	Zip Code 06513
Purpose of Expendit OFFICE	Description toner ink, paper, binder clips markers			Amount \$231.13
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Dollar Tree		Date of Payment 08/09/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 126 Amity Rd .		City New Haven	State CT	Zip Code 06515
Purpose of Expendit OFFICE	Description GOTV supplies - pens, highlighters etc.			Amount \$22.60
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bermudez for NH	30 Days Following Primary - Amendment
N. Expenses Paid By Committee	

Name of Payee Restaurant Depot		Date of Payment 08/09/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 3711 Danbury Rd		City Brewster	State NY	Zip Code 10509
Purpose of Expendit FOOD	Description waters and snacks for volunteers for GOTV			Amount \$180.43
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Meta		Date of Payment 08/09/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1 Meta Way		City Menlo Park	State CA	Zip Code 94025
Purpose of Expendit A-WEB	Description meta/facebook ads			Amount \$186.70
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Meta		Date of Payment 08/10/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1 Meta Way		City Menlo Park	State CA	Zip Code 94025
Purpose of Expendit A-WEB	Description facebook ads			Amount \$900.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bermudez for NH	30 Days Following Primary - Amendment

N. Expenses Paid By Committee

Name of Payee Ericka Perrson		Date of Payment 08/10/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 434 Greene Ave Apt 2		City Brooklyn	State NY	Zip Code 11216
Purpose of Expendit CNSLT	Description social media consultant			Amount \$360.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	
Name of Payee Key Bank		Date of Payment 08/10/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 211 Amity Rd		City Woodbridge	State CT	Zip Code 06525
Purpose of Expendit BNK	Description returned ACH payment			Amount \$5.25
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	
Name of Payee Key Bank		Date of Payment 08/10/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 211 Amity Rd		City Woodbridge	State CT	Zip Code 06525
Purpose of Expendit BNK	Description JUL KBBO ACH MONTHLY FEE			Amount \$2.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bermudez for NH	30 Days Following Primary - Amendment
N. Expenses Paid By Committee	

Name of Payee Key Bank		Date of Payment 08/10/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 211 Amity Rd		City Woodbridge		State CT
Zip Code 06525				
Purpose of Expendit BNK	Description JUL ORIG ACH CREDIT (bank fee)			Amount \$0.55
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Jake Sollins		Date of Payment 08/10/2026	Method of Payment ☒ Check # <u>140</u> ☐ Debit Card ☐ EFT	
Street Address 60-73 71st Ave apr. 1		City Queens		State NY
Zip Code 11385				
Purpose of Expendit CNSLT	Description door knocker design			Amount \$350.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee IDEAL Printing Company, INC.		Date of Payment 08/10/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address PO Box 8488		City New Haven		State CT
Zip Code 06531				
Purpose of Expendit PRNT	Description door hangers			Amount \$1,143.26
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bermudez for NH	30 Days Following Primary - Amendment
N. Expenses Paid By Committee	

Name of Payee J & W Deli		Date of Payment 08/10/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT
Street Address 405 Foxon Blvd		City New Haven	State CT Zip Code 06513
Purpose of Expendit FOOD	Description snacks for bella vista pre-election event		Amount \$111.48
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event # 08102026A	

Name of Payee Meta		Date of Payment 08/10/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT
Street Address 1 Meta Way		City Menlo Park	State CA Zip Code 94025
Purpose of Expendit A-WEB	Description facebook ads		Amount \$13.11
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Meta		Date of Payment 08/10/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT
Street Address 1 Meta Way		City Menlo Park	State CA Zip Code 94025
Purpose of Expendit A-WEB	Description		Amount \$8.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bermudez for NH	30 Days Following Primary - Amendment
N. Expenses Paid By Committee	

Name of Payee Meta		Date of Payment 08/10/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT
Street Address 1 Meta Way		City Menlo Park	State CA Zip Code 94025
Purpose of Expendit A-WEB	Description		Amount \$8.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No		Expenditure # (if applicable)	
If yes, assign an Expenditure # and complete Itemization in Addendum N		Event #	

Name of Payee Meta		Date of Payment 08/10/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT
Street Address 1 Meta Way		City Menlo Park	State CA Zip Code 94025
Purpose of Expendit A-WEB	Description		Amount \$7.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No		Expenditure # (if applicable)	
If yes, assign an Expenditure # and complete Itemization in Addendum N		Event #	

Name of Payee Meta		Date of Payment 08/10/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT
Street Address 1 Meta Way		City Menlo Park	State CA Zip Code 94025
Purpose of Expendit A-WEB	Description		Amount \$7.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No		Expenditure # (if applicable)	
If yes, assign an Expenditure # and complete Itemization in Addendum N		Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bermudez for NH	30 Days Following Primary - Amendment
N. Expenses Paid By Committee	

Name of Payee Meta		Date of Payment 08/10/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1 Meta Way		City Menlo Park		State CA
				Zip Code 94025
Purpose of Expendit A-WEB	Description			Amount \$6.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No		Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum N				

Name of Payee Meta		Date of Payment 08/10/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1 Meta Way		City Menlo Park		State CA
				Zip Code 94025
Purpose of Expendit A-WEB	Description			Amount \$6.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No		Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum N				

Name of Payee Meta		Date of Payment 08/10/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1 Meta Way		City Menlo Park		State CA
				Zip Code 94025
Purpose of Expendit A-WEB	Description			Amount \$6.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No		Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum N				

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bermudez for NH	30 Days Following Primary - Amendment
N. Expenses Paid By Committee	

Name of Payee Meta		Date of Payment 08/10/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1 Meta Way		City Menlo Park		State CA
Zip Code 94025				
Purpose of Expendit A-WEB	Description			Amount \$6.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Meta		Date of Payment 08/11/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1 Meta Way		City Menlo Park		State CA
Zip Code 94025				
Purpose of Expendit A-WEB	Description			Amount \$20.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Mexicali Black Truck LLC		Date of Payment 08/11/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 101 Farron Ave .		City New Haven		State CT
Zip Code 06513				
Purpose of Expendit FOOD	Description victory party!			Amount \$405.25
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event # 08112026B	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bermudez for NH	30 Days Following Primary - Amendment
N. Expenses Paid By Committee	

Name of Payee Key Bank		Date of Payment 08/12/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 211 Amity Rd		City Woodbridge	State CT	Zip Code 06525
Purpose of Expendit BNK	Description stop payment charge on a check			Amount \$34.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Alyson Heimer		Date of Payment 08/12/2026	Method of Payment ☒ Check # <u>177</u> ☐ Debit Card ☐ EFT	
Street Address 6 Everit St .		City New Haven	State CT	Zip Code 06515
Purpose of Expendit RMB	Description stamps			Amount \$171.60
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Michael Weintraub		Date of Payment 08/12/2026	Method of Payment ☒ Check # <u>178</u> ☐ Debit Card ☐ EFT	
Street Address 1003 S Sierra Bonita Ave # 5		City Los Angeles	State CA	Zip Code 90019
Purpose of Expendit CNSLT	Description graphic design			Amount \$1,500.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bermudez for NH	30 Days Following Primary - Amendment
N. Expenses Paid By Committee	

Name of Payee Sammy Chamimo		Date of Payment 08/12/2026	Method of Payment ☒ Check # <u>179</u> ☐ Debit Card ☐ EFT	
Street Address 17 Pine St .		City New Haven	State CT	Zip Code 06513
Purpose of Expendit WAGE	Description campaign manager			Amount \$5,000.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Maria Isabel Egas		Date of Payment 08/12/2026	Method of Payment ☒ Check # <u>180</u> ☐ Debit Card ☐ EFT	
Street Address 540 First Ave		City West Haven	State CT	Zip Code 06516
Purpose of Expendit WAGE	Description canvass			Amount \$180.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Aneetria Rowland		Date of Payment 08/12/2026	Method of Payment ☒ Check # <u>152</u> ☐ Debit Card ☐ EFT	
Street Address 1561 Quinnipiac Ave		City New Haven	State CT	Zip Code 06513
Purpose of Expendit WAGE	Description canvass			Amount \$280.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bermudez for NH	30 Days Following Primary - Amendment
N. Expenses Paid By Committee	

Name of Payee Ayden Negron Montezuma		Date of Payment 08/12/2026	Method of Payment ☒ Check # <u>153</u> ☐ Debit Card ☐ EFT	
Street Address 1561 Quinnipiac Ave		City New Haven	State CT	Zip Code 06513
Purpose of Expendit WAGE	Description CANVASS			Amount \$40.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Iris Rodriguez		Date of Payment 08/12/2026	Method of Payment ☒ Check # <u>154</u> ☐ Debit Card ☐ EFT	
Street Address 311 Eastern St Apt C401 ,		City New Haven	State CT	Zip Code 06513
Purpose of Expendit WAGE	Description canvass			Amount \$75.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Alejandro Rojas		Date of Payment 08/12/2026	Method of Payment ☒ Check # <u>155</u> ☐ Debit Card ☐ EFT	
Street Address 94 Carlisle St Apt 1		City New Haven	State CT	Zip Code 06519
Purpose of Expendit WAGE	Description canvass			Amount \$240.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bermudez for NH	30 Days Following Primary - Amendment
N. Expenses Paid By Committee	

Name of Payee Jayson Gonzales		Date of Payment 08/12/2026	Method of Payment ☒ Check # <u>156</u> ☐ Debit Card ☐ EFT	
Street Address 94 Carlisle St Apt 1		City New Haven	State CT	Zip Code 06519
Purpose of Expendit WAGE	Description canvass			Amount \$190.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Alexander Rodriguez		Date of Payment 08/12/2026	Method of Payment ☒ Check # <u>157</u> ☐ Debit Card ☐ EFT	
Street Address 98 Olive St Unit 210C		City New Haven	State CT	Zip Code 06511
Purpose of Expendit WAGE	Description canvass			Amount \$360.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Laila Kelly-Walker		Date of Payment 08/12/2026	Method of Payment ☒ Check # <u>158</u> ☐ Debit Card ☐ EFT	
Street Address 264 Lenox St Apt 2		City New Haven	State CT	Zip Code 06513
Purpose of Expendit WAGE	Description canvass			Amount \$395.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bermudez for NH	30 Days Following Primary - Amendment
N. Expenses Paid By Committee	

Name of Payee Amarra Jacobs		Date of Payment 08/12/2026	Method of Payment ☒ Check # <u>159</u> ☐ Debit Card ☐ EFT	
Street Address 315 Lenox St		City New Haven	State CT	Zip Code 06513
Purpose of Expendit WAGE	Description canvass			Amount \$560.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Carlos Diaz		Date of Payment 08/12/2026	Method of Payment ☒ Check # <u>160</u> ☐ Debit Card ☐ EFT	
Street Address 50 Osborne Ave		City Norwalk	State CT	Zip Code 06855
Purpose of Expendit WAGE	Description canvass			Amount \$480.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Nicholas Bergeron		Date of Payment 08/12/2026	Method of Payment ☒ Check # <u>161</u> ☐ Debit Card ☐ EFT	
Street Address 245 Kneeland Rd		City New Haven	State CT	Zip Code 06512
Purpose of Expendit WAGE	Description canvass			Amount \$510.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bermudez for NH	30 Days Following Primary - Amendment

N. Expenses Paid By Committee

Name of Payee Michael Weintraub		Date of Payment 08/12/2026	Method of Payment ☒ Check # <u>176</u> ☐ Debit Card ☐ EFT	
Street Address 1003 S Sierra Bonita Ave # 5		City Los Angeles	State CA Zip Code 90019	
Purpose of Expendit FOOD	Description lunch for 12 volunteers for GOTV		Amount \$116.90	
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		Event #

Name of Payee Meta		Date of Payment 08/12/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1 Meta Way		City Menlo Park	State CA Zip Code 94025	
Purpose of Expendit A-WEB	Description		Amount \$38.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		Event #

Name of Payee Meta		Date of Payment 08/12/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1 Meta Way		City Menlo Park	State CA Zip Code 94025	
Purpose of Expendit A-WEB	Description		Amount \$20.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		Event #

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bermudez for NH	30 Days Following Primary - Amendment

N. Expenses Paid By Committee

Name of Payee Sophie Chamimo		Date of Payment 08/12/2026	Method of Payment ☒ Check # <u>175</u> ☐ Debit Card ☐ EFT	
Street Address 17 Pine St .		City New Haven		State CT
Zip Code 06513				
Purpose of Expendit WAGE	Description Management of AB strategy			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1,250.00

Name of Payee Meta		Date of Payment 08/12/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1 Meta Way		City Menlo Park		State CA
Zip Code 94025				
Purpose of Expendit A-WEB	Description facebook ads			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$15.77

Name of Payee Adrian Laureano Jr.		Date of Payment 08/12/2026	Method of Payment ☒ Check # <u>162</u> ☐ Debit Card ☐ EFT	
Street Address 140 Vista Dr		City East Haven		State CT
Zip Code 06512				
Purpose of Expendit WAGE	Description canvas			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$420.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bermudez for NH	30 Days Following Primary - Amendment
N. Expenses Paid By Committee	

Name of Payee Josue Alvarez Jr.		Date of Payment 08/12/2026	Method of Payment ☒ Check # <u>165</u> ☐ Debit Card ☐ EFT	
Street Address 140 Vista Dr		City East Haven	State CT	Zip Code 06512
Purpose of Expendit WAGE	Description canvass			Amount \$120.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Nelkialys Ortiz Dejesus		Date of Payment 08/12/2026	Method of Payment ☒ Check # <u>164</u> ☐ Debit Card ☐ EFT	
Street Address 461 Washington Ave		City New Haven	State CT	Zip Code 06519
Purpose of Expendit WAGE	Description canvass			Amount \$335.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Shammalee Nunez		Date of Payment 08/12/2026	Method of Payment ☒ Check # <u>166</u> ☐ Debit Card ☐ EFT	
Street Address 1116 Aspen Glen Dr		City Hamden	State CT	Zip Code 06518
Purpose of Expendit WAGE	Description canvass			Amount \$125.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bermudez for NH	30 Days Following Primary - Amendment

N. Expenses Paid By Committee

Name of Payee Kaiu Hercules		Date of Payment 08/12/2026	Method of Payment ☒ Check # <u>167</u> ☐ Debit Card ☐ EFT	
Street Address 101 Pearl St # E706		City Hartford	State CT	Zip Code 06105
Purpose of Expendit WAGE	Description canvass		Amount \$250.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		
Name of Payee Shanice Owens		Date of Payment 08/12/2026	Method of Payment ☒ Check # <u>168</u> ☐ Debit Card ☐ EFT	
Street Address 50 Osborne Ave		City Norwalk	State CT	Zip Code 06855
Purpose of Expendit WAGE	Description canvass		Amount \$340.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		
Name of Payee Maria Isabel Palacio Cano		Date of Payment 08/12/2026	Method of Payment ☒ Check # <u>169</u> ☐ Debit Card ☐ EFT	
Street Address 14 Beecher Pl		City East Haven	State CT	Zip Code 06512
Purpose of Expendit WAGE	Description canvass		Amount \$295.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bermudez for NH	30 Days Following Primary - Amendment
N. Expenses Paid By Committee	

Name of Payee Anais Esther Nunez		Date of Payment 08/12/2026	Method of Payment ☒ Check # <u>170</u> ☐ Debit Card ☐ EFT	
Street Address 6 A Jackson Blvd		City New Haven	State CT	Zip Code 06515
Purpose of Expendit WAGE	Description canvass		Amount \$185.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		
Name of Payee Joseph Capozzo		Date of Payment 08/12/2026	Method of Payment ☒ Check # <u>171</u> ☐ Debit Card ☐ EFT	
Street Address 60 Quarry Dock Rd		City Branford	State CT	Zip Code 06405
Purpose of Expendit WAGE	Description canvass		Amount \$140.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		
Name of Payee Alessandra Pappalardi		Date of Payment 08/12/2026	Method of Payment ☒ Check # <u>172</u> ☐ Debit Card ☐ EFT	
Street Address 157 Elm St		City New Rochelle	State NY	Zip Code 10805
Purpose of Expendit WAGE	Description canvass		Amount \$140.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bermudez for NH	30 Days Following Primary - Amendment

N. Expenses Paid By Committee

Name of Payee Max Young		Date of Payment 08/12/2026	Method of Payment ☒ Check # <u>173</u> ☐ Debit Card ☐ EFT		
Street Address 71 Cottage St		City New Haven		State CT	
Zip Code 06511		Amount \$320.00			
Purpose of Expendit WAGE	Description canvass				
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N					Expenditure # (if applicable)

Name of Payee Derek Baird		Date of Payment 08/12/2026	Method of Payment ☒ Check # <u>174</u> ☐ Debit Card ☐ EFT		
Street Address 400 Blake St Apt 5305		City New Haven		State CT	
Zip Code 06515		Amount \$160.00			
Purpose of Expendit WAGE	Description canvass				
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N					Expenditure # (if applicable)

Name of Payee Meta		Date of Payment 08/14/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT		
Street Address 1 Meta Way		City Menlo Park		State CA	
Zip Code 94025		Amount \$1.23			
Purpose of Expendit A-WEB	Description				
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N					Expenditure # (if applicable)

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bermudez for NH	30 Days Following Primary - Amendment

N. Expenses Paid By Committee

Name of Payee Meta		Date of Payment 08/15/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1 Meta Way		City Menlo Park		State CA
Zip Code 94025				
Purpose of Expendit A-WEB	Description facebook ads			Amount \$0.03
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Squarespace		Date of Payment 08/17/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 225 Varick St		City New York City		State NY
Zip Code 10014				
Purpose of Expendit WEB	Description google workspace			Amount \$35.73
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Sonia Alvarez		Date of Payment 08/18/2026	Method of Payment ☒ Check # 165 ☐ Debit Card ☐ EFT	
Street Address 311 Eastern St		City New Haven		State CT
Zip Code 06513				
Purpose of Expendit WAGE	Description canvass			Amount \$120.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bermudez for NH	30 Days Following Primary - Amendment
N. Expenses Paid By Committee	

Name of Payee Squarespace		Date of Payment 08/18/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 225 Varick St		City New York City	State NY	Zip Code 10014
Purpose of Expendit WEB	Description website			Amount \$38.29
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Karen Ramirez		Date of Payment 08/19/2026	Method of Payment ☒ Check # <u>181</u> ☐ Debit Card ☐ EFT	
Street Address 2 Lynnwood Pl # B		City New Haven	State CT	Zip Code 06511
Purpose of Expendit CNSLT	Description video edit			Amount \$75.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee eva Bermudez		Date of Payment 08/31/2026	Method of Payment ☒ Check # <u>184</u> ☐ Debit Card ☐ EFT	
Street Address 39 Greenview Rd		City New Milford	State CT	Zip Code 06776
Purpose of Expendit RMB	Description Staples Supplies AND Taxi for GOTV			Amount \$223.92
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bermudez for NH	30 Days Following Primary - Amendment

N. Expenses Paid By Committee

Name of Payee Wildaliz Bermudez		Date of Payment 08/31/2026	Method of Payment ☒ Check # <u>183</u> ☐ Debit Card ☐ EFT	
Street Address 233 Front St		City New Haven	State CT	Zip Code 06513
Purpose of Expendit RMB	Description Old Navy, Walmart, room rental, stop and shop, Walmart, L7M desserts			Amount \$514.61
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event # 08182026C	
Total of Section N				\$20,694.41

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bermudez for NH	30 Days Following Primary - 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	
Bermudez for NH				30 Days Following Primary - Amendment	
P. Expenses Incurred on Committee Credit Card					
Name of Issuing Institution			Type of Credit Card: Visa Master Card Discover American Express Other		
Name of Vendor				Date of Transaction	
Street Address			City		State Zip Code
Purpose of Expenditure (by code)	Description				Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No		Expenditure # (if applicable)	Event #		
If yes, assign an Expenditure # and complete Itemization in Addendum P					
Total of Section P					

IV. EXPENDITURES (Sections N - S)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Bermudez for NH				30 Days Following Primary - 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 (by code)	Description				Amount Incurred (Estimate or Actual)
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 Q					
Total of Section Q					

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bermudez for NH	30 Days Following Primary - Amendment

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Heimer	First Allyson	MI	Date of Payment to Vendor 07/10/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 177 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant USPS				
Street Address of Vendor 40 Putnam Ave .		City Hamden		State CT Zip Code 06517
Purpose of Expenditure (by code) POST	Description stamps			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount \$171.60

Last Name of Worker/Consultant Chamimo	First Sammy	MI	Date of Payment to Vendor 08/05/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 150 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Staples				
Street Address of Vendor 2335 Dixwel Ave .		City Hamden		State CT Zip Code 06514
Purpose of Expenditure (by code) OFFICE	Description toner ink, pens and markers, binder clips			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount \$231.13

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Bermudez for NH

30 Days Following Primary - Amendment

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Bermudez	First Wildaliz	MI	Date of Payment to Vendor 08/09/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 183 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Old Navy				
Street Address of Vendor 2335 Dixwell Ave Spc D		City Hamden		State CT Zip Code 06514
Purpose of Expenditure (by code) Misc *	Description t shirts for GOTV			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount \$20.02

Last Name of Worker/Consultant Bermudez	First Wildaliz	MI	Date of Payment to Vendor 08/09/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 183 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Walmart				
Street Address of Vendor 315 Foxon Blvd		City New Haven		State CT Zip Code 06513
Purpose of Expenditure (by code) Misc *	Description t shirts for GOTV			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount \$41.35

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bermudez for NH	30 Days Following Primary - Amendment
R. Itemization of Reimbursements and Secondary Payees	

Last Name of Worker/Consultant Bermudez	First Eva	MI	Date of Payment to Vendor 08/10/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 184 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Staples				
Street Address of Vendor 1371 Boston Post Rd .		City Milford		State CT
Zip Code 06460				
Purpose of Expenditure (by code) FOOD	Description folders, paper, signage			
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				Amount \$200.96

Last Name of Worker/Consultant Bermudez	First Eva	MI	Date of Payment to Vendor 08/11/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 184 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant M7 Taxi Service				
Street Address of Vendor 65 Industry Dr .		City West Haven		State CT
Zip Code 06516				
Purpose of Expenditure (by code) TRVL	Description Taxi for GOTV			
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				Amount \$22.96

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bermudez for NH	30 Days Following Primary - Amendment
R. Itemization of Reimbursements and Secondary Payees	

Last Name of Worker/Consultant Weintraub	First Michael	MI	Date of Payment to Vendor 08/11/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 176 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Manmoun's Felafel Restaurant				
Street Address of Vendor 85 Howe St .		City New Haven		State CT
Zip Code 06511				
Purpose of Expenditure (by code) FOOD	Description			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount \$116.90

Last Name of Worker/Consultant Bermudez	First Wildaliz	MI	Date of Payment to Vendor 08/18/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 183 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Bella Vista				
Street Address of Vendor 339 Eastern St ,		City New Haven		State CT
Zip Code 06513				
Purpose of Expenditure (by code) Misc *	Description room rental for event			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event # 08182026C	Amount \$200.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bermudez for NH	30 Days Following Primary - Amendment
R. Itemization of Reimbursements and Secondary Payees	

Last Name of Worker/Consultant Bermudez	First Wildaliz	MI	Date of Payment to Vendor 08/18/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 183 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant L & M Desserts				
Street Address of Vendor 6A Jackson Blvd .		City New Haven		State CT
Zip Code 06515				
Purpose of Expenditure (by code) FOOD	Description desserts			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event # 08182026C	Amount \$128.82

Last Name of Worker/Consultant Bermudez	First Wildaliz	MI	Date of Payment to Vendor 08/18/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 183 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Stop and Shop				
Street Address of Vendor 112 Amity Rd		City New Haven		State CT
Zip Code 06515				
Purpose of Expenditure (by code) FOOD	Description refreshments, ingredients			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event # 08182026C	Amount \$99.96

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Bermudez for NH

30 Days Following Primary - Amendment

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:

Bermudez

Wildaliz

08/18/2026

☒ Check # 183☐ Debit Card☐ EFT

Name of Vendor Paid by Committee Worker/Consultant

Walmart

Street Address of Vendor

315 Foxon Blvd

City

New Haven

State

CT

Zip Code

06513

Purpose of Expenditure (by code)

FOOD

Description

sodas

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

☐ Yes☒ No

Expenditure # (if applicable)

Event #

Amount

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

\$24.46

Total of Section R

\$1,258.16**IV. EXPENDITURES (Sectuibs N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Bermudez for NH

30 Days Following Primary - 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
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 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
R. Itemization of Reimbursements and Secondary Payees - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought