



COVER PAGE

1. NAME OF COMMITTEE			2. TYPE OF COMMITTEE		
EVA for CT			<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee		
3. TREASURER NAME					
First Christian	MI E	Last Soto		Suffix	
4. TREASURER ADDRESS					
Street Address 18 Crouch St		City New London		State CT	Zip Code 06320
5. ELECTION DATE		6. OFFICE SOUGHT (Complete only if Candidate Committee)			7. DISTRICT NUMBER (if applicable)
11/06/2018		Lieutenant Governor			
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Eva	MI	Last Bermudez Zimmerman		Suffix	
9. TYPE OF REPORT					
30 Days Following Primary - Original					
10. PERIOD COVERED					
		Beginning Date		Ending Date	
		08/08/2018	thru	08/31/2018	
11. CERTIFICATION					
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.					
Electronic Filing		Donna Mandulak		09/13/2018 11:01:47PM	
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED	
<p>A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.</p>					

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
EVA for CT	30 Days Following Primary - Original	
	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	\$215,187.19	
14. Contributions received from Individuals (Section A and B)	\$0.00	\$65,278.42
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$40.16
16. Other Monetary Receipts (Section D through I)	\$183.00	\$409,458.02
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$183.00	\$474,776.60
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$215,370.19	\$474,776.60
20. Expenses Paid by Committee (Section N)	\$190,497.45	\$449,903.86
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	\$24,872.74	\$24,872.74
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	\$2,159.16
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)	\$1,022.87	\$2,794.35
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)	\$242.06	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$242.06	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
EVA for CT		30 Days Following Primary - Original	
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? 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		

Total of Section B				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (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	
EVA for CT				30 Days Following Primary - Original	
C1. Contributions from Other Committees					
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	
Total of Section C1					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
EVA for CT				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				
Total of Section C2					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
EVA for CT				30 Days Following Primary - Original	
D. Loans Received this Period					
Name of Lender		Source of Loan: Bank Candidate Individual Other			Date of Receipt
Street Address		City	State	Zip Code	Is there a cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address		City	State	Zip Code	
Total of Section D					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
EVA for CT	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	
Total of Section E				

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
EVA for CT	30 Days Following Primary - Original

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
EVA for CT	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		
Total of Section H			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
EVA for CT				30 Days Following Primary - Original	
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name			Date of Transaction		Amount Received
Enterprise Rental Car			08/15/2018		
Street Address		City	State	Zip Code	
275 S Main St		New Britain	CT	06051	
Description					\$183.00
Refund for rental car charge					
Total of Section I					\$183.00

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT		
EVA for CT				30 Days Following Primary - Original		
J1. Event Information						
Event #	Description			Was this a fundraising event?		
Date of Event	Letter				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			
Subpart 1:			Yes	(If yes, enter Total Receipts here.)		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?			No			
Total of Section J1						

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	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
EVA for CT	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
EVA for CT	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			
			Fair Market Value of this Contribution

Total of Section K

III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	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
			Amount of Deposit

Total of Section L

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee Best Buy		Date of Payment 08/08/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 3377 Berlin Tnpk		City Newington	State CT	Zip Code 06111
Purpose of Expend A-PH-BNK	Description prepaid phone cards			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 #
				\$43.11
Name of Payee Best Buy		Date of Payment 08/08/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 3377 Berlin Tnpk		City Newington	State CT	Zip Code 06111
Purpose of Expend EFV *	Description Equipment purchased Verizon Ellipsis Jetpack 4G LTE Prepaid mobile Hotspot			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 #
				\$53.16
Name of Payee Staples.com		Date of Payment 08/08/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 500 Staples Dr		City Framingham	State MA	Zip Code 01702
Purpose of Expend EFV *	Description HP Officejet Pro 6978 All in one Inkjet Printer			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 #
				\$95.70

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Staples.com		Date of Payment 08/08/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 500 Staples Dr		City Framingham	State MA	Zip Code 01702
Purpose of Expend OFFICE	Description office supplies, paper, ink, pens, rubber bands			Amount \$129.69
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Staples.com		Date of Payment 08/08/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 500 Staples Dr		City Framingham	State MA	Zip Code 01702
Purpose of Expend OFFICE	Description office supplies clip boards, ink, pens, paper			Amount \$419.41
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Staples.com		Date of Payment 08/08/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 500 Staples Dr		City Framingham	State MA	Zip Code 01702
Purpose of Expend EFV *	Description HP Officejet pro 6968 All in one Inkjet printer - Q4			Amount \$489.17
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Harland Clarke		Date of Payment 08/08/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 15955 La Cantera Pkwy		City San Antonio	State TX	Zip Code 78256
Purpose of Expend OFFICE	Description Checks for bank account - Quantity 250			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 #	\$155.89

Name of Payee Best Buy		Date of Payment 08/08/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 470 Lewis Ave		City Meriden	State CT	Zip Code 06451
Purpose of Expend EFV *	Description Dell Inspirion 11/A6/32GB/EMMC - Q2			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 #	\$297.76

Name of Payee Facebook, Inc		Date of Payment 08/08/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1601 Willow Rd		City Menio Park	State CA	Zip Code 94025
Purpose of Expend A-WEB	Description Facebook advertising			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 #	\$14.80

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Facebook, Inc		Date of Payment 08/08/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1601 Willow Rd		City Menio Park	State CA	Zip Code 94025
Purpose of Expend A-WEB	Description Facebook advertising			Amount \$735.20
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Facebook, Inc		Date of Payment 08/09/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1601 Willow Rd		City Menio Park	State CA	Zip Code 94025
Purpose of Expend A-WEB	Description Facebook advertising			Amount \$732.49
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Best Buy		Date of Payment 08/09/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2 International Dr		City Danbury	State CT	Zip Code 06810
Purpose of Expend EFV *	Description Dell Inspiron 11/A6/32GB/EMMC -Q1 = missing documentation			Amount \$141.44
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Best Buy		Date of Payment 08/09/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2 International Dr		City Danbury	State CT	Zip Code 06810
Purpose of Expend EFV *	Description Dell Inspiron 11/A6/32GB/EMMC - Q1 - open box			Amount \$140.37
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Best Buy		Date of Payment 08/09/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2 International Dr		City Danbury	State CT	Zip Code 06810
Purpose of Expend EFV *	Description Dell Inspiron 11/A6/32GB/EMMC - Q3 @ 148.88 each			Amount \$446.64
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Best Buy		Date of Payment 08/09/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2 International Dr		City Danbury	State CT	Zip Code 06810
Purpose of Expend EFV *	Description Netgear EX7300 AC2200 -mobil hot spot			Amount \$122.29
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Staples		Date of Payment 08/09/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 67 Newtown Rd		City Danbury	State CT	Zip Code 06810
Purpose of Expend OFFICE	Description Paper			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 #
				\$35.08

Name of Payee Facebook, Inc		Date of Payment 08/09/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1601 Willow Rd		City Menio Park	State CA	Zip Code 94025
Purpose of Expend A-WEB	Description Facebook advertising			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 #
				\$17.51

Name of Payee Staples.com		Date of Payment 08/10/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 500 Staples Dr		City Framingham	State MA	Zip Code 01702
Purpose of Expend OFFICE	Description ink cartridges Q4			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 #
				\$165.86

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Newtown Savings Bank		Date of Payment 08/10/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 32 Church Hill Rd		City Newtown	State CT	Zip Code 06470
Purpose of Expend BNK	Description Wire transfer fee			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 #	\$30.00

Name of Payee The Latino Way LLC		Date of Payment 08/10/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 330 Main St Fl 3		City Hartford	State CT	Zip Code 06106
Purpose of Expend A-RAD	Description Viva 101.7FM Spanish Radio adds 08/10-08/14/18			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$1,000.50

Name of Payee The Latino Way LLC		Date of Payment 08/10/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 330 Main St Fl 3		City Hartford	State CT	Zip Code 06106
Purpose of Expend A-TV	Description Northern Fairfield cable & Comcast Spotlight adds 08/10-08/14/18			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$15,035.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Best Buy		Date of Payment 08/10/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1501 New Britain Ave		City West Hartford	State CT	Zip Code 06110
Purpose of Expend A-PH-BNK	Description prepaid phone cards			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 #	\$123.68

Name of Payee CT Post		Date of Payment 08/10/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 301 Merrit 7 Ste 1		City Norwalk	State CT	Zip Code 06851-1075
Purpose of Expend A-WEB	Description Online Ad buy			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 #	\$5,000.00

Name of Payee Target		Date of Payment 08/10/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 3265 Berlin Tnpke		City Newington	State CT	Zip Code 06111
Purpose of Expend OFFICE	Description clipboards			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 #	\$21.16

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Family Pizza		Date of Payment 08/11/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 81 W Main St		City Meriden	State CT	Zip Code 06451
Purpose of Expend FOOD	Description lunch and dinner for campaign staff at headquarters Aug 9,10,11,12,13			Amount \$739.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Facebook, Inc		Date of Payment 08/11/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1601 Willow Rd		City Menio Park	State CA	Zip Code 94025
Purpose of Expend A-WEB	Description Facebook advertising			Amount \$740.04
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Facebook, Inc		Date of Payment 08/11/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1601 Willow Rd		City Menio Park	State CA	Zip Code 94025
Purpose of Expend A-WEB	Description Facebook advertising			Amount \$743.43
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Facebook, Inc		Date of Payment 08/11/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1601 Willow Rd		City Menio Park	State CA	Zip Code 94025
Purpose of Expend A-WEB	Description Facebook advertising			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 #	\$9.96

Name of Payee CVS Pharmacy		Date of Payment 08/11/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 6 Queen St		City Newtown	State CT	Zip Code 06470
Purpose of Expend POST	Description stamps			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$10.00

Name of Payee Facebook, Inc		Date of Payment 08/11/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1601 Willow Rd		City Menio Park	State CA	Zip Code 94025
Purpose of Expend A-WEB	Description Facebook advertising			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 #	\$6.57

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Metro Square, LLC		Date of Payment 08/11/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1147</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 71 Newtown Rd Ste 130		City Danbury	State CT	Zip Code 06810
Purpose of Expend A-TV	Description Invoice #1038 - TV Add			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 #
				\$15,075.00

Name of Payee USA Mobile Billboards, LLC		Date of Payment 08/11/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1148</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 70 White Rock Dr		City Windsor	State CT	Zip Code 06095
Purpose of Expend A-OTH	Description Inv 99154 - Advertise on Mobile Billboards			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 #
				\$7,000.00

Name of Payee Target		Date of Payment 08/11/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 7 Stoney Hill Rd		City Bethel	State CT	Zip Code 06801
Purpose of Expend OFFICE	Description ink cartridges & paper			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 #
				\$81.62

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Baba Realty LLC		Date of Payment 08/12/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1149</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 490 Ann Uccello St		City Hartford	State CT	Zip Code 06103
Purpose of Expend FOOD	Description Food for Staff night of Primary - Dinner 150 staff @ \$26.00 per person			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3,900.00

Name of Payee Flavorite		Date of Payment 08/12/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1151</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 39 W Main St		City Meriden	State CT	Zip Code 06451
Purpose of Expend OVHD	Description Internet boost - Meriden office - use of business internet			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

Name of Payee Facebook, Inc		Date of Payment 08/12/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1601 Willow Rd		City Menio Park	State CA	Zip Code 94025
Purpose of Expend A-WEB	Description Facebook advertising			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$10.22

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Facebook, Inc		Date of Payment 08/12/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1601 Willow Rd		City Menio Park	State CA	Zip Code 94025
Purpose of Expend A-WEB	Description Facebook advertising			Amount \$739.78
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Facebook, Inc		Date of Payment 08/13/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1601 Willow Rd		City Menio Park	State CA	Zip Code 94025
Purpose of Expend A-WEB	Description Facebook advertising			Amount \$750.11
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Target		Date of Payment 08/13/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 474 Chamberlain Hwy		City Meriden	State CT	Zip Code 06451
Purpose of Expend OFFICE	Description stapler & paper clips			Amount \$28.79
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee Staples.com		Date of Payment 08/13/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 500 Staples Dr		City Framingham	State MA	Zip Code 01702
Purpose of Expend OFFICE	Description ink cartridge			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 #
				\$31.89
Name of Payee Target		Date of Payment 08/13/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 474 Chamberlain Hwy		City Meriden	State CT	Zip Code 06451
Purpose of Expend OFFICE	Description Clipboards			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 #
				\$31.75
Name of Payee Aqui Me Quedo Restaurant		Date of Payment 08/13/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 150 Albany Ave		City Hartford	State CT	Zip Code 06120
Purpose of Expend FOOD	Description food for canvassers 08/13/18			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$105.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Freshpont Connecticut		Date of Payment 08/13/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 105 Reserve Rd		City Hartford	State CT	Zip Code 06114
Purpose of Expend FOOD	Description Oranges for canvassers on Election day - breakfast			Amount \$108.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee C Town		Date of Payment 08/13/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 165 Wethersfield Ave		City Hartford	State CT	Zip Code 06114
Purpose of Expend FOOD	Description water for canvassers on election day			Amount \$187.20
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Best Buy		Date of Payment 08/13/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 470 Lewis Ave		City Meriden	State CT	Zip Code 06451
Purpose of Expend OFFICE	Description Ink cartridges - 8			Amount \$261.54
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Aqui Me Quedo Restaurant		Date of Payment 08/13/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 150 Albany Ave		City Hartford	State CT	Zip Code 06120
Purpose of Expend FOOD	Description meals for canvassers			Amount \$315.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Facebook, Inc		Date of Payment 08/13/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1601 Willow Rd		City Menio Park	State CA	Zip Code 94025
Purpose of Expend A-WEB	Description Facebook advertising			Amount \$8.57
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Newtown Savings Bank		Date of Payment 08/13/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 32 Church Hill Rd		City Newtown	State CT	Zip Code 06470
Purpose of Expend BNK	Description wire transfer fee			Amount \$30.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Evolution Strategies		Date of Payment 08/13/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 5620 James Gunnell Ln		City Alexandria	State VA	Zip Code 22310
Purpose of Expend A-ATM	Description Robo calls			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$6,538.09

Name of Payee KB Law, LLC		Date of Payment 08/13/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1153</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 255 Main St Fl 5		City Hartford	State CT	Zip Code 06106
Purpose of Expend OVHD	Description Rent for use of conference room.			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 #
				\$251.26

Name of Payee CCM & Co		Date of Payment 08/13/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1154</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1022 Boulevard # 329		City West Hartford	State CT	Zip Code 06119
Purpose of Expend A-OTH	Description Inv # 18604 - palmcards			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$2,233.35

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Collado Restaurant		Date of Payment 08/13/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 698 Washington Ave		City New Haven	State CT	Zip Code 06114
Purpose of Expend FOOD	Description Meals for canvassers			Amount \$625.33
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Facebook, Inc		Date of Payment 08/13/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1601 Willow Rd		City Menio Park	State CA	Zip Code 94025
Purpose of Expend A-WEB	Description Facebook advertising			Amount \$750.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Joseph Krar & Associates, Inc		Date of Payment 08/13/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 580		City Southington	State CT	Zip Code 06489
Purpose of Expend Misc *	Description Insurance for primary night - Meriden headquarters			Amount \$1,271.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Dollar Tree Stores Inc		Date of Payment 08/14/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 495 Chamberlain Hwy Ste 1A		City Meriden	State CT	Zip Code 06451
Purpose of Expend OFFICE	Description ponchos			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 #
				\$17.02

Name of Payee The Flag Store of CT		Date of Payment 08/14/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 186 Hall Ave		City Meriden	State CT	Zip Code 06450
Purpose of Expend Misc *	Description 3x5 Connecticut Nylon Flag			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 #
				\$30.00

Name of Payee Tonys Pizza		Date of Payment 08/14/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 117 Main St		City Willimantic	State CT	Zip Code 06226
Purpose of Expend FOOD	Description food for canvassers - dinner 6-7 people			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 #
				\$33.62

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Staples		Date of Payment 08/14/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 900 Washington St		City Middletown	State CT	Zip Code 06457
Purpose of Expend OFFICE	Description toilet paper			Amount \$6.37
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Staples		Date of Payment 08/14/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 900 Washington St		City Middletown	State CT	Zip Code 06457
Purpose of Expend EFV *	Description Printer - HP Officejet Pro # 2256781			Amount \$85.07
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Tonys Pizza		Date of Payment 08/14/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 117 Main St		City Willimantic	State CT	Zip Code 06226
Purpose of Expend FOOD	Description canvassers lunch - 10 people			Amount \$91.99
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Staples		Date of Payment 08/14/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1145 N Colony Rd		City Wallingford	State CT	Zip Code 06492
Purpose of Expend OFFICE	Description office supplies papertowels, ink, pens			Amount \$105.52
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee MI Terruno Restaurant		Date of Payment 08/14/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1047 E Main St		City Stamford	State CT	Zip Code 06902
Purpose of Expend FOOD	Description meals for canvassers			Amount \$108.16
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Domino's Pizza		Date of Payment 08/14/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 938 Bank St # 7		City New London	State CT	Zip Code 06320
Purpose of Expend FOOD	Description meal canvassers dinner 15 ppl			Amount \$118.95
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Enterprise Rental Car		Date of Payment 08/14/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 275 S Main St		City New Britain	State CT	Zip Code 06051
Purpose of Expend EFV *	Description rental car - needed larger vehicle to transport campaign staff & candidate			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 Panara Bread		Date of Payment 08/14/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2320 Black Rock Tnpk		City Fairfield	State CT	Zip Code 06825
Purpose of Expend FOOD	Description cavasser meals 35 people			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 #
				\$196.13

Name of Payee Panara Bread		Date of Payment 08/14/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2320 Black Rock Tnpk		City Fairfield	State CT	Zip Code 06825
Purpose of Expend FOOD	Description Cavasser meals = 35 people			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 #
				\$196.13

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Monteiros Restaurant		Date of Payment 08/14/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 161 Fairfield Ave		City Waterbury	State CT	Zip Code 06708
Purpose of Expend FOOD	Description canvasser meals			Amount \$266.88
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Enterprise Rental Car		Date of Payment 08/14/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 275 S Main St		City New Britain	State CT	Zip Code 06051
Purpose of Expend EFV *	Description rental car - needed larger vehicle to transport campaign staff & candidate			Amount \$335.79
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Facebook, Inc		Date of Payment 08/14/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1601 Willow Rd		City Menio Park	State CA	Zip Code 94025
Purpose of Expend A-WEB	Description Facebook advertising			Amount \$740.94
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Pizza Heaven		Date of Payment 08/14/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 286 W Main St		City Meriden	State CT	Zip Code 06451
Purpose of Expend FOOD	Description canvasser meals - 15 people			Amount \$100.97
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Arriaga, Ashley		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1155</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 15 Birch Heights Rd		City North Franklin	State CT	Zip Code 06254
Purpose of Expend WAGE	Description Wage thru 08/14/18			Amount \$500.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Diane Bullock		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1156</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 16 Weekepeemee Rd		City Woodbury	State CT	Zip Code 06798
Purpose of Expend WAGE	Description Inv # 03 Paid thru 08/14/18			Amount \$1,250.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	30 Days Following Primary - Original
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Name of Payee Nick Fulchino		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1157</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 283 Orchard Hill Rd		City Pomfret Center	State CT	Zip Code 06259
Purpose of Expend WAGE	Description Inv 005 Wage thru 08/14/18			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$750.00

Name of Payee DePaolo, Clinton		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1158</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 39 Buttonball Dr		City Sandy Hook	State CT	Zip Code 06482
Purpose of Expend WAGE	Description Inv 1018 - thru w/e 08/14/18			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$450.00

Name of Payee Murray, Jeremy		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1159</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 48 Mortimer St SE		City Atlanta	State GA	Zip Code 30317
Purpose of Expend WAGE	Description Inv # 3 thru w/e 08/14/18			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$2,060.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Nika Milbrun		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1160</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 31 Raymond St		City Stamford	State CT	Zip Code 06902
Purpose of Expend WAGE	Description Wage w/e 08/14/18			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$1,000.00

Name of Payee Leopoldo Navarro		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1161</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 47 Rogers St Apt 4		City New London	State CT	Zip Code 06320
Purpose of Expend WAGE	Description Wage w/e 08/14/18			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$850.00

Name of Payee Kennard Ray		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1162</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 32 Elm St Apt 4		City Hartford	State CT	Zip Code 06106
Purpose of Expend WAGE	Description Wage for w/e 08/14/18			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$1,250.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Jennine Lupo		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1163</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 109 E Chestnut Hill Rd		City Litchfield	State CT	Zip Code 06759
Purpose of Expend WAGE	Description Wage w/e 08/14/18			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$840.00

Name of Payee Samuel Pudlin		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1164</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 140 Russ St Apt S131		City Hartford	State CT	Zip Code 06106
Purpose of Expend WAGE	Description Wage for w/e 08/14/18			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$500.00

Name of Payee Marisa Lindsey		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1165</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 112 Thistle Pond Dr		City Bloomfield	State CT	Zip Code 06002
Purpose of Expend WAGE	Description Wage w/e 08/14/18			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$750.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Martinez, Diana		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1166</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 41 Hotchkiss St		City Middletown	State CT	Zip Code 06457
Purpose of Expend WAGE	Description wage w/e 08/14/18			Amount \$750.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee William Durham		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1167</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 224 City View Ave		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend WAGE	Description wage w/e 08/14/18			Amount \$500.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Chris Soto		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1168</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 18 Crouch St		City New London	State CT	Zip Code 06320
Purpose of Expend WAGE	Description Wage 2nd - final pmt			Amount \$3,400.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Mandulak, Donna		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1169</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 49 Forest Dr		City Sandy Hook	State CT	Zip Code 06482
Purpose of Expend WAGE	Description Inv # 300 - final			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 #
				\$4,200.00

Name of Payee Metro Square, LLC		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1170</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 71 Newtown Rd Ste 130		City Danbury	State CT	Zip Code 06810
Purpose of Expend A-TV	Description Balance of inv # 7038			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$2,000.00

Name of Payee Leopoldo Navarro		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1171</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 47 Rogers St Apt 4		City New London	State CT	Zip Code 06320
Purpose of Expend RMB	Description Reimburse for lunch for 10 canvassers			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 #
				\$37.39

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Munoz, Hilda		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1173</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 11921 Weddington St Apt 204		City Valley Village	State CA	Zip Code 91607
Purpose of Expend WAGE	Description Inv 1001			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 #
				\$266.25

Name of Payee DeDios, Jalmar		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1174</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 135 Stoddard Dr		City Meriden	State CT	Zip Code 06451
Purpose of Expend WAGE	Description Wage - 2 weeks			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$2,000.00

Name of Payee Chamberlain, Michael		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1175</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 65 Hillside Ave		City New Haven	State CT	Zip Code 06512
Purpose of Expend WAGE	Description wage for w/e 07/29/18			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$500.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee DeDios, Jalmar		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1176</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 135 Stoddard Dr		City Meriden	State CT	Zip Code 06451
Purpose of Expend RMB	Description Reimburse for office supplies & canvasser lunch			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 #
				\$63.49
Name of Payee Mohamoud, Muse		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1177</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 119 Hollywood Ave		City West Hartford	State CT	Zip Code 06110
Purpose of Expend WAGE	Description Wage w/e 08/14/18			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$750.00
Name of Payee Fiallos, Debbie		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1176</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 93A Brace Rd		City West Hartford	State CT	Zip Code 06107
Purpose of Expend WAGE	Description wage w/e 08/14/18			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$800.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	30 Days Following Primary - Original
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Name of Payee The Latino Way LLC		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1179</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 330 Main St Fl 3		City Hartford	State CT	Zip Code 06106
Purpose of Expend CNSLT	Description Inv # 370			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$3,000.00

Name of Payee DeDios, Jalmar		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1180</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 135 Stoddard Dr		City Meriden	State CT	Zip Code 06451
Purpose of Expend RMB	Description Reimburse for meal - canvasser			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 #
				\$9.43

Name of Payee Fiallos, Debbie		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1182</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 93A Brace Rd		City West Hartford	State CT	Zip Code 06107
Purpose of Expend WAGE	Description Wage for canvassing - 1 shift			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 #
				\$60.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Jazaie Alvarez		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1183</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 79 Bronson		City Meriden	State CT	Zip Code 06451
Purpose of Expend WAGE	Description Phone bank employee			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 Elias Medina		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1184</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 26 Bronson Ave		City Meriden	State CT	Zip Code 06451
Purpose of Expend WAGE	Description Phone Bank employee			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 #
				\$540.00

Name of Payee Enz'l Lopez		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1185</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 79 Bronson Ave		City Meriden	State CT	Zip Code 06450
Purpose of Expend WAGE	Description phonebank employee			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 #
				\$180.00

IV. EXPENDITURES (Sections N - S)

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EVA for CT	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Johanny Barreto		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1186</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 71 Catlin St # 20		City Meriden	State CT	Zip Code 06450
Purpose of Expend WAGE	Description wage phone bank employee			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 Alicia Janelle		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1187</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 19 Taunton St		City Southington	State CT	Zip Code 06489
Purpose of Expend WAGE	Description wage w/e 08/14/18			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$1,687.50

Name of Payee Alicia Janelle		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1188</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 19 Taunton St		City Southington	State CT	Zip Code 06489
Purpose of Expend TRVL	Description Mileage for driver 08/06-08/14/18			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$438.45

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
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Name of Payee Murray, Jeremy		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1189</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 48 Mortimer St SE		City Atlanta	State GA	Zip Code 30317
Purpose of Expend TRVL	Description Mileage for employee for 08/14/18			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$91.56

Name of Payee Bermudez Zimmerman, Eva		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1190</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 22 Bankside Trl		City Sandy Hook	State CT	Zip Code 06482
Purpose of Expend RMB	Description reimburse for expenses 07/01 - 08/10/18			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$1,462.92

Name of Payee Bermudez Zimmerman, Eva		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1191</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 22 Bankside Trl		City Sandy Hook	State CT	Zip Code 06482
Purpose of Expend RMB	Description reimburse for meals for volunteers			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 #
				\$117.76

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
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Name of Payee Family Dollar		Date of Payment 08/14/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1324 E Main St		City Meriden	State CT	Zip Code 06451
Purpose of Expend OFFICE	Description ponchos			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 #
				\$23.40
Name of Payee Facebook, Inc		Date of Payment 08/14/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1601 Willow Rd		City Merio Park	State CA	Zip Code 94025
Purpose of Expend A-WEB	Description Facebook advertising			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 #
				\$9.06
Name of Payee Shakira Acevedo		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1220</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 24 Locust St		City Manchester	State CT	Zip Code 06040
Purpose of Expend WAGE	Description Wage for canvasser			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$450.00

IV. EXPENDITURES (Sections N - S)

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EVA for CT	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Benjamin Sanchez		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1221</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 33 S Second Ave		City Taftville	State CT	Zip Code 06380
Purpose of Expend WAGE	Description wage for canvasser			Amount \$330.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Jenesys Rodriguez		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1222</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 130 Plant St		City New London	State CT	Zip Code 06320
Purpose of Expend WAGE	Description wage for canvasser			Amount \$390.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Bradydin Rodriguez		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1223</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 42 Williams St		City New London	State CT	Zip Code 06320
Purpose of Expend WAGE	Description wage for canvasser			Amount \$270.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
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N. Expenses Paid By Committee	

Name of Payee Kerry Presley		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1224</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 49 Brook St		City Willimantic	State CT	Zip Code 06226
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$360.00

Name of Payee Jacqueline Pillo		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1225</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 233 Smith Rd		City Woodstock	State CT	Zip Code 06281
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$180.00

Name of Payee Lourdes Pascual		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1226</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 19 Colt St		City New London	State CT	Zip Code 06320
Purpose of Expend WAGE	Description wage for canvasser			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$450.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Herberth Muguruza		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1227</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 93 Coleman St		City New London	State CT	Zip Code 06320
Purpose of Expend WAGE	Description wage for canvasser			Amount \$270.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Kayla Mateo		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1228</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 95 Lincoln Ave		City New London	State CT	Zip Code 06320
Purpose of Expend WAGE	Description wage for canvasser			Amount \$180.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Edgar Mateo		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1229</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 287 Colaman St		City New London	State CT	Zip Code 06320
Purpose of Expend WAGE	Description wage for canvasser			Amount \$120.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee Alicia Martin		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1230</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 94 Ledge St		City New London	State CT	Zip Code 06320
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$180.00

Name of Payee Courtney Hamilton		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1231</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 22 Hawthorn Rd		City New London	State CT	Zip Code 06320
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$240.00

Name of Payee Ciara Hamilton		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1232</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 22 Hawthorn Rd		City New London	State CT	Zip Code 06320
Purpose of Expend WAGE	Description wage for canvasser			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$300.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Jenna Haines		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1233</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 192 Church St		City Brooklyn	State CT	Zip Code 06234
Purpose of Expend WAGE	Description wage for canvasser			Amount \$630.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Elijah Goode		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1234</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 15 Buchanan Rd		City New London	State CT	Zip Code 06320
Purpose of Expend WAGE	Description wage for canvasser			Amount \$360.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Martha Frias		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1235</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 47 Rogers St		City New London	State CT	Zip Code 06320
Purpose of Expend WAGE	Description wage for canvasser			Amount \$450.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Kyle Decker		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1236</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 20 George St		City Windham	State CT	Zip Code 06280
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$120.00

Name of Payee Luis Cotto		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1237</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 102 Storinton Rd Apt A101		City Norwich	State CT	Zip Code 06360
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$330.00

Name of Payee Bryan Corte		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1238</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 93 Lincoln Ave		City New London	State CT	Zip Code 06320
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$60.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Anna Corte		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1239</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 37 Walden Ave		City New London	State CT	Zip Code 06320
Purpose of Expend WAGE	Description wage for canvasser			Amount \$120.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Katherine Arcena		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1240</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 42 Williams St		City New London	State CT	Zip Code 06320
Purpose of Expend WAGE	Description wage for canvasser			Amount \$120.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Derrick Underhill		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1241</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 456 Peet St		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend WAGE	Description wage for canvasser			Amount \$270.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Haydee Tirado		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1242</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 7 Mountain Ridge Ter Apt 42		City New Haven	State CT	Zip Code 06513
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$75.00

Name of Payee William Sonner		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1243</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 220 Valley St		City Willimantic	State CT	Zip Code 06226
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$210.00

Name of Payee Melvin Shaver		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1244</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 16 Chapman St # 2FI-L		City Willimantic	State CT	Zip Code 06226
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$360.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Angel Serrano		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1245</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 80 Charter Oak		City Hartford	State CT	Zip Code 06106
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$180.00

Name of Payee Eduardo Sanchez		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1246</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 51 Lake St Apt 3		City Norwich	State CT	Zip Code 06360
Purpose of Expend WAGE	Description wage for canvasser			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 Evelyn Rodriguez		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1248</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 79 Arch St		City New Haven	State CT	Zip Code 06519
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$750.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Shylin Rock		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1249</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 44 Garfield Ave		City New London	State CT	Zip Code 06320
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$330.00

Name of Payee Stephan Ramdohr		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1250</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 45 Perry St		City Putnam	State CT	Zip Code 06260
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$120.00

Name of Payee Doris Navarrete		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1251</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 98 Beaver St		City Ansonia	State CT	Zip Code 06401
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$75.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Diana Morales		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1252</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 48 Hawthorne Ave		City Derby	State CT	Zip Code 06418
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$60.00

Name of Payee Angel Medrano		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1253</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 93 State Pier Apt J5		City New London	State CT	Zip Code 06320
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$60.00

Name of Payee Monica McKenna		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1254</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1 Westside Dr Apt 2		City North Grosvenordale	State CT	Zip Code 06255
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$60.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Yamilla Mateo		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1255</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 95 Lincoln Ave		City New London	State CT	Zip Code 06320
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$195.00

Name of Payee Rashawn Jackson		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1256</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 249 Main St		City Moosup	State CT	Zip Code 06354
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$120.00

Name of Payee Zoran Haines		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1257</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 192 Church St		City Brooklyn	State CT	Zip Code 06234
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$60.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee John Green		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1258</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 466 Ash St		City Willimantic	State CT	Zip Code 06226
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$60.00

Name of Payee Sam Fournier		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1259</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 246 Water St		City Canterbury	State CT	Zip Code 06331
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$240.00

Name of Payee Denise Flores		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1260</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 40 Memorial Dr		City Willimantic	State CT	Zip Code 06226
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$240.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Gabriel Diaz		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1260</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 41 Hotchkiss St		City Middletown	State CT	Zip Code 06457
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$240.00

Name of Payee Sheala Cruz		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1262</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2 Stanley Rd		City Windham	State CT	Zip Code 06280
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$180.00

Name of Payee Shane Brooks		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1263</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 53 Boulder Dr		City New London	State CT	Zip Code 06320
Purpose of Expend WAGE	Description wage for canvasser			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

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Raymond Zheng		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1264</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 51 Linden St		City West Haven	State CT	Zip Code 06516
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$60.00

Name of Payee Joe Young		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1265</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 103 Autumn St		City Manchester	State CT	Zip Code 06040
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$690.00

Name of Payee Arien Wilkerson		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1266</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 New Park Ave Apt 2		City Hartford	State CT	Zip Code 06106
Purpose of Expend WAGE	Description wage for canvasser			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

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Kharmari Thornton		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1267</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 18B Saint Regis St		City East Hartford	State CT	Zip Code 06108
Purpose of Expend WAGE	Description wage for canvasser			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 Jeffrey Thames		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1268</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 402 Albany Ave Apt 104		City Hartford	State CT	Zip Code 06112
Purpose of Expend WAGE	Description wage for canvasser			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 Nicholas Rogers		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1271</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1375 Paradise Ave		City Hamden	State CT	Zip Code 06514
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$120.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	30 Days Following Primary - Original
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Name of Payee Luis Rodriguez		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1272</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 58 Thorn St		City New Haven	State CT	Zip Code 06519
Purpose of Expend WAGE	Description wage for canvasser			Amount \$180.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Israel Rivera		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1273</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 609 Zion St Apt B		City Hartford	State CT	Zip Code 06106
Purpose of Expend WAGE	Description wage for canvasser			Amount \$150.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Hilda Rivera		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1274</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 84 Bright St Fl 1		City New Haven	State CT	Zip Code 06513
Purpose of Expend WAGE	Description wage for canvasser			Amount \$780.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Alfred Rivera		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1275</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 243-2 Lawrence St		City Hartford	State CT	Zip Code 06106
Purpose of Expend WAGE	Description wage for canvasser			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 Malique Mosley		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1280</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 51 Palisade Ave		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$240.00

Name of Payee Malika Mosley		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1281</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 94 Howard Ave # 1		City Ansonia	State CT	Zip Code 06401
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$180.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Maliqa Mosley-Williams		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1282</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 94 Howard Ave # 1		City Ansonia	State CT	Zip Code 06401
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$240.00

Name of Payee Shanelle Morris		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1283</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 63 Huntington St Apt 3E		City Hartford	State CT	Zip Code 06105
Purpose of Expend WAGE	Description wage for canvasser			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 Cathy Montano		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1284</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 46 Faith Rd		City Newington	State CT	Zip Code 06111
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$540.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Santos Pedro Raudales Martinez		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1285</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 174 Exchange St		City New Haven	State CT	Zip Code 06513
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$360.00

Name of Payee Luci Lebron		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1287</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 249 New Britain Ave Apt B6		City Hartford	State CT	Zip Code 06106
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$330.00

Name of Payee Tammy Imry		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1289</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 164 Howard Ave		City New Haven	State CT	Zip Code 06519
Purpose of Expend WAGE	Description wage for canvasser			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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	30 Days Following Primary - Original

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Name of Payee Zoraida Hernandez		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1290</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Bright St		City New Haven	State CT	Zip Code 06515
Purpose of Expend WAGE	Description wage for canvasser			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 #	\$780.00

Name of Payee Yaritza Hernandez		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1291</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Bright St		City New Haven	State CT	Zip Code 06515
Purpose of Expend WAGE	Description wage for canvasser			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 #	\$330.00

Name of Payee Roberto Hernandez		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1292</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Bright St		City New Haven	State CT	Zip Code 06515
Purpose of Expend WAGE	Description wage for canvasser			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 #	\$420.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
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Name of Payee DeAndre Hamblin		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1293</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 73 Williams St		City Hartford	State CT	Zip Code 06120
Purpose of Expend WAGE	Description wage for canvasser			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 Rosa Gonzalez		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1294</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 20C Jennings Way		City New Haven	State CT	Zip Code 06515
Purpose of Expend WAGE	Description wage for canvasser			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$600.00

Name of Payee Amy Gilligan		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1295</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 20 Hampden Pl		City Windsor	State CT	Zip Code 06095
Purpose of Expend WAGE	Description wage for canvasser			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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	30 Days Following Primary - Original
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Name of Payee Isis Duston		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1296</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 358 Center St		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$60.00

Name of Payee Daniel Durso		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1297</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 20 Hampden Pl		City Windsor	State CT	Zip Code 06095
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$750.00

Name of Payee Robin Demmo		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1298</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 100 Howard Ave		City Ansonia	State CT	Zip Code 06401
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$240.00

IV. EXPENDITURES (Sections N - S)

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Name of Payee Jonathan Cruz		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1299</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 24 Locust St		City Manchester	State CT	Zip Code 06040
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$510.00

Name of Payee Dave Coffey		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1300</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 45 S Buckland Ln		City Marlborough	State CT	Zip Code 06447
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$75.00

Name of Payee Krissia Anette Otero		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1302</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 470 Yale Ave		City New Haven	State CT	Zip Code 06515
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$330.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
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Name of Payee Larry Acoff		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1303</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 57 Bonner		City Hartford	State CT	Zip Code 06106
Purpose of Expend WAGE	Description wage for canvasser			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 Noemi Villafane		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1304</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 377 Linnmoore St		City Hartford	State CT	Zip Code 06106
Purpose of Expend WAGE	Description wage for canvasser			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 Khyarie Vazquez		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1305</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 607 Zion St Apt A		City Hartford	State CT	Zip Code 06106
Purpose of Expend WAGE	Description wage for canvasser			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

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Name of Payee Asiah Stewart		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1307</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 261 Palm St		City Hartford	State CT	Zip Code 06112
Purpose of Expend WAGE	Description wage for canvasser			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 Seth Schein		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1308</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 61 Varedon Rd		City West Hartford	State CT	Zip Code 06117
Purpose of Expend WAGE	Description wage for canvasser			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 Alex Rosario		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1309</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 56 Gorman Cir		City Waterbury	State CT	Zip Code 06706
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$120.00

IV. EXPENDITURES (Sections N - S)

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Name of Payee Sneha Jayaraj		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1312</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 33 Windy Hill Ln		City Rocky Hill	State CT	Zip Code 06067
Purpose of Expend WAGE	Description wage for canvasser			Amount \$240.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Marcus Hines		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1313</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 166 Collins Apt 211		City Hartford	State CT	Zip Code 06106
Purpose of Expend WAGE	Description wage for canvasser			Amount \$150.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Merelys Torres Garcia		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1314</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 243-2 Lawrence St		City Hartford	State CT	Zip Code 06106
Purpose of Expend WAGE	Description wage for canvasser			Amount \$150.00
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)	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
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Name of Payee Tevin Campbell		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1317</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 190 Branford St		City Hartford	State CT	Zip Code 06112
Purpose of Expend WAGE	Description wage for canvasser			Amount \$570.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee D'cen Warren		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1318</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 24 Merry St Apt 2		City Waterbury	State CT	Zip Code 06706
Purpose of Expend WAGE	Description wage for canvasser			Amount \$120.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Caleishka Villanueva		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1319</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 100 Fulkerson Dr		City Waterbury	State CT	Zip Code 06708
Purpose of Expend WAGE	Description wage for canvasser			Amount \$270.00
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)	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
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Name of Payee Angel Galindez Vazquez		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1320</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 24 Walnut St		City Waterbury	State CT	Zip Code 06702
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$210.00

Name of Payee Diana Serieux		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1321</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 619 S Main St		City Waterbury	State CT	Zip Code 06706
Purpose of Expend WAGE	Description wage for canvasser			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 Ryan Santos		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1322</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 82 Robert St		City Waterbury	State CT	Zip Code 06710
Purpose of Expend WAGE	Description wage for canvasser			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

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Name of Payee Jouseph Romero		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1323</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 619 S Main St		City Waterbury	State CT	Zip Code 06706
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$210.00

Name of Payee Francisco Ramos		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1324</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 349 Willow St		City Waterbury	State CT	Zip Code 06710
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$240.00

Name of Payee Roberto Quinonez		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1325</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 619 S Main St		City Waterbury	State CT	Zip Code 06706
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$210.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Alberto Quinonez		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1326</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 22 Laurel St		City Waterbury	State CT	Zip Code 06702
Purpose of Expend WAGE	Description wage for canvasser			Amount \$150.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Elias Padilla		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1327</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 241 Rawley Ave		City Waterbury	State CT	Zip Code 06706
Purpose of Expend WAGE	Description wage for canvasser			Amount \$150.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Francisco Moran		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1328</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 26 Midfield Dr		City Waterbury	State CT	Zip Code 06705
Purpose of Expend WAGE	Description wage for canvasser			Amount \$120.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Kendra McPherson		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1329</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 100 Fulkerson Dr Apt 72		City Waterbury	State CT	Zip Code 06705
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$210.00

Name of Payee Chris Ludwig		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1330</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 40 Rail Rd		City New Milford	State CT	Zip Code 06776
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$779.00

Name of Payee Jonathan Lopez		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1331</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 82 Robert St		City Waterbury	State CT	Zip Code 06710
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$330.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Santa Gonzalez		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1332</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 143 Willow St		City Waterbury	State CT	Zip Code 06710
Purpose of Expend WAGE	Description wage for canvasser			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 Andris Gonzales		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1333</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 143 Willow St		City Waterbury	State CT	Zip Code 06710
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$330.00

Name of Payee Cassandra Gallion		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1334</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 130-2 Byam Rd		City Waterbury	State CT	Zip Code 06705
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$240.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Darcy Currilo		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1336</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 9 Bennett Pl		City Danbury	State CT	Zip Code 06810
Purpose of Expend WAGE	Description wage for canvasser			Amount \$150.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Jonera Brantley		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1337</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 101 Madeline Ave		City Waterbury	State CT	Zip Code 06708
Purpose of Expend WAGE	Description wage for canvasser			Amount \$270.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Dominique Farnell		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1338</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 751 Norman St # 1st		City Bridgeport	State CT	Zip Code 06605
Purpose of Expend WAGE	Description wage for canvasser			Amount \$150.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Wilma Edmonds		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1339</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 376 E Washington Ave		City Bridgeport	State CT	Zip Code 06608
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$120.00

Name of Payee Gordon Duncan		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1340</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 655 Park St		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend WAGE	Description wage for canvasser			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 Christopher Davis		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1341</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 605 Soundview Ave		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend WAGE	Description wage for canvasser			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$300.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Chris Davis		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1342</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 605 Sandview Ave		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$570.00

Name of Payee Taphresha Brown		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1343</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 515 West Ave # 403		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$60.00

Name of Payee Jordan Brown		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1344</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2420 Old Town Rd		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$180.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Tanequa Brayboy		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1345</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 72 Sherman Park Cir		City Bridgeport	State CT	Zip Code 06608
Purpose of Expend WAGE	Description wage for canvasser			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 James Bradshaw		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1346</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 666 Cleveland Ave		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$120.00

Name of Payee Denise Arrington		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1347</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 986 Lindley St		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$60.00

IV. EXPENDITURES (Sections N - S)

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EVA for CT	30 Days Following Primary - Original
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Name of Payee Devan Alicea		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1348</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 812 Lindley St		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend WAGE	Description wage for canvasser			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 Wilmer Agramonte		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1349</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 55 F Terrece Cir		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$240.00

Name of Payee Faviel Agramonte		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1350</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 55F Terrace Cir		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$240.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	30 Days Following Primary - Original
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Name of Payee Michael Fernandes		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1351</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 87 Concord St		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend WAGE	Description wage for canvasser			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 Luis Abreau Flecha		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1352</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 330 Bishop St		City Waterbury	State CT	Zip Code 06704
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$60.00

Name of Payee Mickey Fred		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1353</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 72 Sherman Park Cir		City Bridgeport	State CT	Zip Code 06608
Purpose of Expend WAGE	Description wage for canvasser			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

IV. EXPENDITURES (Sections N - S)

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EVA for CT	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Terence Friend		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1354</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 205 Newfield Ave		City Bridgeport	State CT	Zip Code 06607
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$120.00

Name of Payee Julian Fyffe		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1355</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 214 Salem St		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$330.00

Name of Payee Gabriela Smart		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1356</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 260 Lenox Ave		City Bridgeport	State CT	Zip Code 06605
Purpose of Expend WAGE	Description wage for canvasser			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

IV. EXPENDITURES (Sections N - S)

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EVA for CT	30 Days Following Primary - Original
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Name of Payee Ralsteeeni Hall		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1357</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1712 Boston Ave		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend WAGE	Description wage for canvasser			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 Lakisha Hillard		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1358</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 720 Pembroke St		City Bridgeport	State CT	Zip Code 06608
Purpose of Expend WAGE	Description wage for canvasser			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 Kenrick Joseph		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1359</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 95 Kennedy Dr		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$840.00

IV. EXPENDITURES (Sections N - S)

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EVA for CT	30 Days Following Primary - Original
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Name of Payee Paul Kane		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1360</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 521 Shippan Ave		City Stamford	State CT	Zip Code 06901
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$990.00

Name of Payee Jerome Laurel		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1361</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 150 Hickory St		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend WAGE	Description wage for canvasser			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$300.00

Name of Payee Christopher Mccullough		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1362</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 8 Storybrook Rd		City Stratford	State CT	Zip Code 06614
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$60.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	30 Days Following Primary - Original
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Name of Payee Juliana Milbrun		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1363</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 31 Raymond St		City Stamford	State CT	Zip Code 06902
Purpose of Expend WAGE	Description wage for canvasser			Amount \$270.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Patrick O'Connor		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1364</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 67 Russel Rd		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend WAGE	Description wage for canvasser			Amount \$120.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Kareem Powell		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1365</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 83 Kennedy Dr		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend WAGE	Description wage for canvasser			Amount \$60.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
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Name of Payee Leighton Reynolds		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1366</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 104 Bancroft Ave		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend WAGE	Description wage for canvasser			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$600.00

Name of Payee Kimbro Shelton		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1367</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 62 Center St		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$330.00

Name of Payee Jahdeh Somerville		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1368</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 505 Jewett Ave		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend WAGE	Description wage for canvasser			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

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Tyson Soulette		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1369</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 169 Hale Ter		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend WAGE	Description wage for canvasser			Amount \$210.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Brithany Titus		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1370</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1288 South Ave		City Bridgeport	State CT	Zip Code 06615
Purpose of Expend WAGE	Description wage for canvasser			Amount \$210.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Victor Capozziello		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1371</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 68 Staples St		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend WAGE	Description wage for canvasser			Amount \$120.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Katherine C Villeda		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1372</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 41 Carrol St		City Stamford	State CT	Zip Code 06907
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$240.00

Name of Payee Luna Vittorio		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1373</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 226 Madison Ave		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$60.00

Name of Payee Ebony Young		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1374</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 515 E Main St		City Bridgeport	State CT	Zip Code 06608
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$60.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Luis Abreu Flecha		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1375</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 330 Bishop St		City Waterbury	State CT	Zip Code 06704
Purpose of Expend WAGE	Description wage for canvasser			Amount \$210.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Migdalia Pizarro		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1376</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 58 Thorn St		City New Haven	State CT	Zip Code 06519
Purpose of Expend WAGE	Description wage for canvasser			Amount \$780.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Maria Quinones		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1377</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 186 Saltonstall Ave		City New Haven	State CT	Zip Code 06513
Purpose of Expend WAGE	Description wage for canvasser			Amount \$585.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Raphyel Manuelle Soto		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1378</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 453 Washington Ave		City New Haven	State CT	Zip Code 06516
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$510.00

Name of Payee Hector Sanchez		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1379</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 20 C Jennings Way		City New Haven	State CT	Zip Code 06515
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$570.00

Name of Payee Daisy Salas		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1380</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 315 Eastern St # 1417		City New Haven	State CT	Zip Code 06513
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$360.00

IV. EXPENDITURES (Sections N - S)

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EVA for CT	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Carlos Montano		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1381</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 46 Faith Rd		City Newington	State CT	Zip Code 06111
Purpose of Expend WAGE	Description wage for canvasser			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 Nickolis Lussier		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1382</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 220 Valley St		City Willimantic	State CT	Zip Code 06226
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$60.00

Name of Payee Shawn Brooks		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1383</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 53 Boulder Dr		City New London	State CT	Zip Code 06320
Purpose of Expend WAGE	Description wage for canvasser			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

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Alize Soulette		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1384</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 468 E Trumble Ave		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$330.00

Name of Payee Carlos Garcia Flores Manuel		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1385</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 56 Redfield St		City New Haven	State CT	Zip Code 06519
Purpose of Expend WAGE	Description wage for canvasser			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 Edgardo Muniz		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1386</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 468 Ferry St		City New Haven	State CT	Zip Code 06513
Purpose of Expend WAGE	Description wage for canvasser			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

IV. EXPENDITURES (Sections N - S)

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EVA for CT	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Evaristo Rodriguez		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1387</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 7777		City New Haven	State CT	Zip Code 06519
Purpose of Expend WAGE	Description wage for canvasser			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 Gail William		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1388</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 115 Hulburt St Apt 3		City New Haven	State CT	Zip Code 06519
Purpose of Expend WAGE	Description wage for canvasser			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 Hager Elfhil		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1389</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 123 Forest Hill Rd		City North Haven	State CT	Zip Code 06473
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$810.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	30 Days Following Primary - Original
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Name of Payee Henry Seyue		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1390</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 440 Eastern St # 1D		City New Haven	State CT	Zip Code 06513
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$360.00

Name of Payee James Harvey		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>15000</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 14 Hazel St		City New Haven	State CT	Zip Code 06511
Purpose of Expend WAGE	Description wage for canvasser			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 Kwame Lee		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1392</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 91 Curtis Dr		City New Haven	State CT	Zip Code 06515
Purpose of Expend WAGE	Description wage for canvasser			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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	30 Days Following Primary - Original
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Name of Payee Loretta King		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1393</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 24 Hedge St		City New Haven	State CT	Zip Code 06519
Purpose of Expend WAGE	Description wage for canvasser			Amount \$150.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Luz Torres		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1394</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 480 Ferry St Apt M18		City New Haven	State CT	Zip Code 06513
Purpose of Expend WAGE	Description wage for canvasser			Amount \$150.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Maria Gonzalez Cruz		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1395</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 108 Old Foxon Rd		City New Haven	State CT	Zip Code 06513
Purpose of Expend WAGE	Description wage for canvasser			Amount \$150.00
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)	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
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Name of Payee Marvin Brice		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1396</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 415 Woodside Ave		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend WAGE	Description wage for canvasser			Amount \$270.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Maria Santos		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1397</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 424 Eastern St		City New Haven	State CT	Zip Code 06513
Purpose of Expend WAGE	Description wage for canvasser			Amount \$150.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Michelle Boyd		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1398</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 95 Elm St		City West Haven	State CT	Zip Code 06516
Purpose of Expend WAGE	Description wage for canvasser			Amount \$150.00
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)	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
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Name of Payee Nataliya Braginski		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1399</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 757 Orange St Fl 3		City New Haven	State CT	Zip Code 06511
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$75.00

Name of Payee Sisam Acharya		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1400</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 22 Appletree Ln		City Milford	State CT	Zip Code 06461
Purpose of Expend WAGE	Description wage for canvasser			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 Sonia Aguirre		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1401</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 46 Benton St Fl 2		City Hamden	State CT	Zip Code 06517
Purpose of Expend WAGE	Description wage for canvasser			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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	30 Days Following Primary - Original
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Name of Payee Steven Gavilanez		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1402</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 224 Hawkins St		City Derby	State CT	Zip Code 06418
Purpose of Expend WAGE	Description wage for canvasser			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 Wanda Perez		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1403</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 105 Beers St # BR1		City New Haven	State CT	Zip Code 06511
Purpose of Expend WAGE	Description wage for canvasser			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 Yasmine Abuhatab		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1404</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 18 Thill St		City West Haven	State CT	Zip Code 06516
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$690.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
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Name of Payee Patrick O'Connor		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1405</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 67 Russel Rd		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend WAGE	Description wage for canvasser			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 Tyson Soulette		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1406</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 169 Hale Ter		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$210.00

Name of Payee Baba Realty LLC		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1407</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 490 Ann Uccello St		City Hartford	State CT	Zip Code 06103
Purpose of Expend OVHD	Description 1 week rent for Aug 2018			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$500.00

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Name of Payee Aldo Ala		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1408</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 37 Holyoke St		City East Hampton	State MA	Zip Code 01027
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$90.00

Name of Payee Angel Candelario		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1409</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1733 Main St		City Hartford	State CT	Zip Code 06120
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$90.00

Name of Payee Asuim Waters		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1410</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 114 Grove St		City Middletown	State CT	Zip Code 06457
Purpose of Expend WAGE	Description Wage for canvasser			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 #
				\$180.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Brandon Clarke		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1411</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 109 Chelsea Rd		City Wappingers Falls	State NY	Zip Code 12590
Purpose of Expend WAGE	Description wage for canvasser			Amount \$450.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Devanise Abrahante		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1412</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 79 Bronson		City Meriden	State CT	Zip Code 06451
Purpose of Expend WAGE	Description wage for canvasser			Amount \$180.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Hector Vasquez		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1413</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 94 Russ St		City Hartford	State CT	Zip Code 06106
Purpose of Expend WAGE	Description wage for canvasser			Amount \$270.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Jadesi Dudley - Acevedo		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1414</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 41 Grant St		City Meriden	State CT	Zip Code 06450
Purpose of Expend WAGE	Description wage for canvasser			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 Jorge Serrano		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1415</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 449 Main St		City Manchester	State CT	Zip Code 06040
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$540.00

Name of Payee Kayden Harge		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1416</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 365 Oak St		City Meriden	State CT	Zip Code 06450
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$180.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Leah Kardulis		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1417</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 115 Grand St		City Hartford	State CT	Zip Code 06112
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$360.00

Name of Payee Luci Lebron		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1418</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 249 New Britain Ave Apt B6		City Hartford	State CT	Zip Code 06106
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$180.00

Name of Payee Noah Kardulis		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1419</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 115 Grand St		City Hartford	State CT	Zip Code 06112
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$90.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Nylarae Velez		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1420</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 52 Maple Ave		City Wallingford	State CT	Zip Code 06492
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$90.00

Name of Payee Oshun Vincente		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1421</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 115 Grand St		City Hartford	State CT	Zip Code 06112
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$90.00

Name of Payee Pablo Rodriguez		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1422</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 9 Countryside Ln # 4		City Middletown	State CT	Zip Code 06457
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$180.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Radames Juradd		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1423</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2387 Main St		City Hartford	State CT	Zip Code 06118
Purpose of Expend WAGE	Description wage for canvasser			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 Tora Bossler		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1424</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 257 W Main St		City Meriden	State CT	Zip Code 06451
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$180.00

Name of Payee Vanessa Halladay		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1425</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 14 Center St		City Meriden	State CT	Zip Code 06450
Purpose of Expend WAGE	Description wage for canvasser			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

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Bermudez Zimmerman, Eva		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1192</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 22 Bankside Trl		City Sandy Hook	State CT	Zip Code 06482
Purpose of Expend RMB	Description Reimburse for deductible - personal vehicle hit during canvassing			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 T-Mobile		Date of Payment 08/15/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 850 Hartford Tpke Ste 114		City Waterford	State CT	Zip Code 06385
Purpose of Expend Misc *	Description Apple Iphone - purchased to replace canvassers phone stolen while door knocking for campaign			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 #
				\$413.69

Name of Payee Twitter Inc		Date of Payment 08/15/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1355 Market St Ste 900		City San Francisco	State CA	Zip Code 94103
Purpose of Expend A-WEB	Description Advertising on internet via twitter ads			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$205.20

IV. EXPENDITURES (Sections N - S)

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

Name of Payee CVS Pharmacy		Date of Payment 08/19/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 6 Queen St		City Newtown	State CT	Zip Code 06470
Purpose of Expend OFFICE	Description Ink Cartridge			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 #	\$58.48

Name of Payee Aiti Rai		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1194</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 140 Hanmer St		City Hartford	State CT	Zip Code 06114
Purpose of Expend WAGE	Description wage for canvassing			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 #	\$330.00

Name of Payee Ana Lemus		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1195</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 200 Nutmeg Ln Apt 232		City East Hartford	State CT	Zip Code 06118
Purpose of Expend WAGE	Description Wage for canvasser			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 #	\$60.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Mildred Guzman		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1196</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 19 Stoneybrook Dr		City Suffield	State CT	Zip Code 06078
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$60.00

Name of Payee Ketzy Mendoza		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1198</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 688 Broad St Apt 102		City Hartford	State CT	Zip Code 06106
Purpose of Expend WAGE	Description Wage for canvasser			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 #
				\$60.00

Name of Payee Danielle Fuller		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1200</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 15470 Bitney Springs Rd		City Nevada City	State CA	Zip Code 95959
Purpose of Expend WAGE	Description Wage for canvasser			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 #
				\$60.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Ysinia Martinez		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1201</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 59 Boddell St Apt 1		City Hartford	State CT	Zip Code 06114
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$120.00

Name of Payee Nary Rath		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1202</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 50 Putnam St		City Bristol	State CT	Zip Code 06010
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$120.00

Name of Payee Darryl Wilson		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1203</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 613 W Main St		City New Britain	State CT	Zip Code 06053
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$120.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Clinton Triumph		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1204</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 75 Tremont St		City Hartford	State CT	Zip Code 06105
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$120.00

Name of Payee Bianca Norrennas		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1205</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 11 Sherbrooke Ave Apt 105		City Hartford	State CT	Zip Code 06106
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$120.00

Name of Payee Apolinar Rosario		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1206</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 25 Ward St		City Hartford	State CT	Zip Code 06106
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$240.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Sam Vasquez		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1207</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 58 Hendicxsen Ave # B		City Hartford	State CT	Zip Code 06106
Purpose of Expend WAGE	Description wage for canvasser			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$300.00

Name of Payee Emmanuel Lorenzo Blake		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1208</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 92 Burnham St		City Hartford	State CT	Zip Code 06112
Purpose of Expend WAGE	Description wage for canvasser			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$300.00

Name of Payee Luz Santana		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1209</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 24 Ledyard St		City Hartford	State CT	Zip Code 06106
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$480.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Morriscia Morris		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1210</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 61 Wakefield Cir		City East Hartford	State CT	Zip Code 06118
Purpose of Expend WAGE	Description wage for canvasser			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 Jerriscia Johnson		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1211</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 109 Kent St		City Hartford	State CT	Zip Code 06112
Purpose of Expend WAGE	Description wage for canvasser			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 David Coffey		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1212</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 45 S Buckland Ln		City Marlborough	State CT	Zip Code 06447
Purpose of Expend WAGE	Description wage for canvasser			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

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Peter Acoff		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1213</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 57 Bonner St		City Hartford	State CT	Zip Code 06106
Purpose of Expend WAGE	Description wage for canvasser			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 Lisa Richardson		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1214</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 655 Garden St Apt 5		City Hartford	State CT	Zip Code 06110
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$60.00

Name of Payee Tevin Campbell		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1216</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 190 Branford St		City Hartford	State CT	Zip Code 06112
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$60.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Jonathan Cruz		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1217</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 24 Locust St		City Manchester	State CT	Zip Code 06040
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$60.00

Name of Payee Shakira Acevedo		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1218</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 24 Locust St		City Manchester	State CT	Zip Code 06040
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$60.00

Name of Payee Marissa Lindsey		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1219</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 112 Thistle Pond Dr		City Bloomfield	State CT	Zip Code 06002
Purpose of Expend RMB	Description Reimbursement for office supplies, phone bank supplies & mobile hotspot			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 #
				\$422.33

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Asim Waters		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1020</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 114 Grove St		City Middletown	State CT	Zip Code 06457
Purpose of Expend WAGE	Description wage for canvasser			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 Freddy Hildago		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1021</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 43 Clinton St		City Meriden	State CT	Zip Code 06450
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$90.00

Name of Payee Jazaie Alvarez		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1023</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 79 Bronson		City Meriden	State CT	Zip Code 06451
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$240.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Pablo Rodriguez		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1024</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 9 Countryside Ln # 4		City Middletown	State CT	Zip Code 06457
Purpose of Expend WAGE	Description wage for canvasser			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 Sayona Colon		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1025</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 72 Lockhart Ave		City Waterbury	State CT	Zip Code 06705
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$90.00

Name of Payee Jason Leachman		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1027</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 570 Broad St # 217		City Meriden	State CT	Zip Code 06450
Purpose of Expend WAGE	Description wage for canvasser			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

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Vanessa Halladay		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1028</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 14 Center St		City Meriden	State CT	Zip Code 06450
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$90.00

Name of Payee Nicholas Escherick		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1029</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1 Chestnut Dr		City Burlington	State CT	Zip Code 06013
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$60.00

Name of Payee Olivia Cappellina		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1030</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 109 E Chestnut Hill Rd		City Litchfield	State CT	Zip Code 06759
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$60.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Cindy Davis		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1031</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 15 Park Ln W		City New Milford	State CT	Zip Code 06776
Purpose of Expend WAGE	Description wage for canvasser			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 Duste Dunn		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1032</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 229 Bacon Pond Rd		City Woodbury	State CT	Zip Code 06798
Purpose of Expend WAGE	Description wage for canvasser			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 Mitchell Ellerbe		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1033</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 40 Roberts St		City New Britain	State CT	Zip Code 06051
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$570.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Michael Kenton		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1036</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 50 Harvest HI		City Wethersfield	State CT	Zip Code 06109
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$510.00

Name of Payee Ramon Espinoza		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1037</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 51 Pulaski Dr		City Hartford	State CT	Zip Code 06106
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$510.00

Name of Payee Tyrone Cuyler		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1038</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 189 Newington Rd		City West Hartford	State CT	Zip Code 06110
Purpose of Expend WAGE	Description wage for canvasser			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

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Malisa Blasini		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1039</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 82 Robert St		City Waterbury	State CT	Zip Code 06710
Purpose of Expend WAGE	Description wage for week ending 08/14/18			Amount \$500.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Leighton Reynolds		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1426</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 104 Bancroft Ave		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend WAGE	Description wage for canvasser			Amount \$150.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Jordon Brown		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1427</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2420 Old Town Rd		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend WAGE	Description wage for canvasser			Amount \$120.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Wilma Edmonds		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1428</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 376 E Washington Ave		City Bridgeport	State CT	Zip Code 06608
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$60.00

Name of Payee Fabiel Agramonte		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1429</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 55F Terrace Cir		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$60.00

Name of Payee Victor Capozziello		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1430</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 68 Staples St		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$180.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Kenrick Joseph		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1431</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 95 Kennedy Dr		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$210.00

Name of Payee Denise Arrington		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1432</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 986 Lindley St		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend WAGE	Description wage for canvasser			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$300.00

Name of Payee Ray Quan Underwood		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1433</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 60 Yaremich Dr Apt 18		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend WAGE	Description wage for canvasser			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

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Julian Stewart		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1434</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 190 Grandview Ave		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend WAGE	Description wage for canvasser			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 Zach Turturino		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1435</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 35 Euerle St		City Stratford	State CT	Zip Code 06614
Purpose of Expend WAGE	Description wage for canvasser			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 Shana Kinch		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1436</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 629 Washington Ave		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend WAGE	Description wage for canvasser			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

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Ryan Pagan		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1437</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 83 Pearl Harbor Pl		City Bridgeport	State CT	Zip Code 06608
Purpose of Expend WAGE	Description wage for canvasser			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 Jordan Brown		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1438</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2420 Old Town Rd		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend WAGE	Description wage for canvasser			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 Devan Alicea		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1439</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 812 Lindley St		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend WAGE	Description wage for canvasser			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

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Jason Hunter		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1440</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 129 Holister Ave		City Bridgeport	State CT	Zip Code 06607
Purpose of Expend WAGE	Description wage for canvasser			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 Lakenna Norris		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1441</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 129 Holister Ave		City Bridgeport	State CT	Zip Code 06607
Purpose of Expend WAGE	Description wage for canvasser			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 Nataeza Mccullough		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1442</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 40 Bancroft		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend WAGE	Description wage for canvasser			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

IV. EXPENDITURES (Sections N - S)

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EVA for CT	30 Days Following Primary - Original
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Name of Payee Tommika Leak		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1443</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 384 Iranistan Ave		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend WAGE	Description wage for canvasser			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 Shwan Davis		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1444</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 384 Iranistan Ave		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend WAGE	Description wage for canvasser			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 Jared Miller		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1445</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 629 Washington Ave		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend WAGE	Description wage for canvasser			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

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Miguel Rimez		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1446</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 622 Washington Ave		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend WAGE	Description wage for canvasser			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 Johnathan Duarte		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1447</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 622 Washington		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$210.00

Name of Payee Alize Soulette		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1448</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 468 E Trumble Ave		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$180.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Rolanda Smith		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1449</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1099 Iranistan Ave		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend WAGE	Description wage for canvasser			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 Francisco Moran		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1450</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 26 Midfield Dr		City Waterbury	State CT	Zip Code 06705
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$105.00

Name of Payee Alex Rosario		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1451</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 56 Gorman Cir		City Waterbury	State CT	Zip Code 06706
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$105.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	30 Days Following Primary - Original
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Name of Payee Jonathan Lopez		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1452</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 82 Robert St		City Waterbury	State CT	Zip Code 06710
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$45.00

Name of Payee Darren Wilson		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1453</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 130 Dwight St		City Waterbury	State CT	Zip Code 06704
Purpose of Expend WAGE	Description wage for canvasser			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 Hager Elfhil		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1454</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 123 Forest Hill Rd		City North Haven	State CT	Zip Code 06473
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$240.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Luis Rodriguez		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1455</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 58 Thorn St		City New Haven	State CT	Zip Code 06519
Purpose of Expend WAGE	Description wage for canvasser			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 Sisam Acharya		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1456</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 22 Appletree Ln		City Milford	State CT	Zip Code 06461
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$120.00

Name of Payee Yasmine Abuhatab		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1457</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 18 Thill St		City West Haven	State CT	Zip Code 06516
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$240.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee Willie Martinez		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1458</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 24 Adeline St		City New Haven	State CT	Zip Code 06519
Purpose of Expend WAGE	Description wage for canvasser			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 #	\$150.00

Name of Payee Migdalia Castro		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1459</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 219 Poplar St		City New Haven	State CT	Zip Code 06513
Purpose of Expend WAGE	Description wage for canvasser			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 #	\$150.00

Name of Payee Kevin Palma		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1460</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 45 Redfield St		City New Haven	State CT	Zip Code 06519
Purpose of Expend WAGE	Description wage for canvasser			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 #	\$150.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Eduvino Garcia Sanchez		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1461</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 56 Redfield St		City New Haven	State CT	Zip Code 06519
Purpose of Expend WAGE	Description wage for canvasser			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 Benedicte N'Sumbu		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1462</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 163 Atwater St		City New Haven	State CT	Zip Code 06516
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$120.00

Name of Payee Mercedes Arroyo		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1463</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 32 Ives St		City Willimantic	State CT	Zip Code 06226
Purpose of Expend WAGE	Description wage for canvasser			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

IV. EXPENDITURES (Sections N - S)

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EVA for CT	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Pedro Flores		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1464</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 32 Ives St		City Willimantic	State CT	Zip Code 06226
Purpose of Expend WAGE	Description wage for canvasser			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 Cesar Lecaros		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1465</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 56 Freeman St		City Hartford	State CT	Zip Code 06114
Purpose of Expend WAGE	Description wage for canvasser			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 Andrew Rukakoski		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1466</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 248 Old Post Rd		City Tolland	State CT	Zip Code 06084
Purpose of Expend WAGE	Description wage for canvasser			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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	30 Days Following Primary - Original
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Name of Payee David Richert		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1467</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 86 Spring St		City Willimantic	State CT	Zip Code 06226
Purpose of Expend WAGE	Description wage for canvasser			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 Carlos Osuba		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1468</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 46 Windham St		City Willimantic	State CT	Zip Code 06226
Purpose of Expend WAGE	Description wage for canvasser			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 Samone Jones-Mccarthy		Date of Payment 08/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1469</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 91		City Hartford	State CT	Zip Code 06141
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$120.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	30 Days Following Primary - Original
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Name of Payee Bermudez, Wildaliz		Date of Payment 08/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1489</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 6 Atwood St		City Hartford	State CT	Zip Code 06105
Purpose of Expend RMB	Description Reimburse for meal purchase - campaign staff debate prep			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 #
				\$226.71

Name of Payee Newtown Savings Bank		Date of Payment 08/20/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 32 Church Hill Rd		City Newtown	State CT	Zip Code 06470
Purpose of Expend OFFICE	Description check stock - temp checks			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 #
				\$10.00

Name of Payee Newtown Savings Bank		Date of Payment 08/20/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 32 Church Hill Rd		City Newtown	State CT	Zip Code 06470
Purpose of Expend BNK	Description wire transfer fee			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 #
				\$30.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	30 Days Following Primary - Original
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Name of Payee Evolution Strategies		Date of Payment 08/20/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 5620 James Gunnell Ln		City Alexandria	State VA	Zip Code 22310
Purpose of Expend A-ATM	Description Advertise via texting service			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$1,274.25

Name of Payee Google LLC		Date of Payment 08/21/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1600 Amphitheatre Pkwy		City Mountain View	State CA	Zip Code 94043
Purpose of Expend Misc *	Description google email addresses for campaign staff			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 #	\$58.69

Name of Payee Marissa Lindsey		Date of Payment 08/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1040</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 112 Thistle Pond Dr		City Bloomfield	State CT	Zip Code 06002
Purpose of Expend WAGE	Description wage to close out campaign 08/15-08/20/18			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 #	\$480.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	30 Days Following Primary - Original
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Name of Payee Samuel Pudlin		Date of Payment 08/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1041</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 140 Russ St Apt S131		City Hartford	State CT	Zip Code 06106
Purpose of Expend WAGE	Description wage to close out campaign 08/15-08/21/18			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$480.00

Name of Payee Alicia Janelle		Date of Payment 08/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1042</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 19 Taunton St		City Southington	State CT	Zip Code 06489
Purpose of Expend WAGE	Description wage to close out campaign 08/15 - 08/21/18			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$680.00

Name of Payee Alicia Janelle		Date of Payment 08/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1043</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 19 Taunton St		City Southington	State CT	Zip Code 06489
Purpose of Expend TRVL	Description mileage for closing out campaign			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 #
				\$139.52

IV. EXPENDITURES (Sections N - S)

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EVA for CT	30 Days Following Primary - Original
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Name of Payee Fernandez, Bob		Date of Payment 08/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1044</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 15 Birch Heights Rd		City North Franklin	State CT	Zip Code 06254
Purpose of Expend WAGE	Description wage for 08/01-08/17/18			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$4,500.00

Name of Payee Michael Kenton		Date of Payment 08/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1045</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 50 Harvest HI		City Wethersfield	State CT	Zip Code 06109
Purpose of Expend TRVL	Description mileage for transporting canvassers 08/07 - 08/14/18			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$108.13

Name of Payee Ramon Espinoza		Date of Payment 08/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1046</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 51 Pulaski Dr		City Hartford	State CT	Zip Code 06106
Purpose of Expend TRVL	Description mileage for driving canvassers 08/05-08/14/18			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$47.63

IV. EXPENDITURES (Sections N - S)

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EVA for CT	30 Days Following Primary - Original
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Name of Payee Mitchell Ellerbe		Date of Payment 08/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1047</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 40 Roberts St		City New Britain	State CT	Zip Code 06051
Purpose of Expend TRVL	Description mileage for driving canvassers 08/01-08/14/18			Amount \$107.31
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Samuel Peay		Date of Payment 08/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1048</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 157C Sheldon St		City Hartford	State CT	Zip Code 06106
Purpose of Expend WAGE	Description wage for canvasser			Amount \$330.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Santos Nunez		Date of Payment 08/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1049</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 12 Broad St		City Plainville	State CT	Zip Code 06062
Purpose of Expend WAGE	Description wage for canvasser			Amount \$150.00
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)	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
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Name of Payee Daniel Yousef		Date of Payment 08/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1050</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 490 Ann Uccello St		City Hartford	State CT	Zip Code 06103
Purpose of Expend WAGE	Description wage for canvasser			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 Maria Baba		Date of Payment 08/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1051</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 108 Ledgewood Dr		City Glastonbury	State CT	Zip Code 06033
Purpose of Expend WAGE	Description wage for canvasser			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 Jimmy-Lee Tawfic		Date of Payment 08/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1052</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 15 Crescent Ave		City New Britain	State CT	Zip Code 06051
Purpose of Expend WAGE	Description wage for canvasser			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

IV. EXPENDITURES (Sections N - S)

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EVA for CT	30 Days Following Primary - Original
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Name of Payee Cameron Trenchard		Date of Payment 08/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1053</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 38 Marina Ct		City Meriden	State CT	Zip Code 06451
Purpose of Expend WAGE	Description wage for canvasser			Amount \$150.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Fiallos, Debbie		Date of Payment 08/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1054</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 93A Brace Rd		City West Hartford	State CT	Zip Code 06107
Purpose of Expend WAGE	Description wage to close out campaign 08/15-08/20/18			Amount \$800.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Mitchell Ellerbe		Date of Payment 08/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1470</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 40 Roberts St		City New Britain	State CT	Zip Code 06051
Purpose of Expend WAGE	Description wage for canvasser - 3 field mgr shifts			Amount \$105.00
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)	

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

Name of Payee Ramon Espinoza		Date of Payment 08/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1471</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 51 Pulaski Dr		City Hartford	State CT	Zip Code 06106
Purpose of Expend WAGE	Description wage for canvasser - 1 filed mgr shift			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 #
				\$35.00

Name of Payee Wilfredo Davila		Date of Payment 08/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1472</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 177 Kensington St		City Hartford	State CT	Zip Code 06120
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$120.00

Name of Payee Evelyn Dukes		Date of Payment 08/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1473</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 448 Prospect Ave		City Hartford	State CT	Zip Code 06105
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$240.00

IV. EXPENDITURES (Sections N - S)

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Name of Payee Tiphani Swaby		Date of Payment 08/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1474</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 23 Hartland St		City Hartford	State CT	Zip Code 06112
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$75.00

Name of Payee Leah Kardulis		Date of Payment 08/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1475</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 115 Grand St		City Hartford	State CT	Zip Code 06112
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$60.00

Name of Payee Jackson, Greg		Date of Payment 08/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1476</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 309 Turkey Roost Rd		City Monroe	State CT	Zip Code 06468
Purpose of Expend TRVL	Description Mileage for driver / body man July 19 - Aug 11th			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 #
				\$710.68

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Jackson, Greg		Date of Payment 08/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1477</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 309 Turkey Roost Rd		City Monroe	State CT	Zip Code 06468
Purpose of Expend WAGE	Description wage for driver / bodyman July 16 - Aug 14, 2018			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$2,500.00

Name of Payee Baba Realty LLC		Date of Payment 08/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1478</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 490 Ann Uccello St		City Hartford	State CT	Zip Code 06103
Purpose of Expend OVHD	Description Electricity - Meriden office / balance electricity July 2018			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$277.09

Name of Payee Baba Realty LLC		Date of Payment 08/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1479</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 490 Ann Uccello St		City Hartford	State CT	Zip Code 06103
Purpose of Expend OVHD	Description Rent, 2nd week Aug - plus 2 additional spaces for week 2			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$1,500.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Baba Realty LLC		Date of Payment 08/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1480</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 490 Ann Uccello St		City Hartford	State CT	Zip Code 06103
Purpose of Expend OVHD	Description Light bill August 2018 - Meriden office			Amount \$876.47
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Nick Fulchino		Date of Payment 08/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1481</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 283 Orchard Hill Rd		City Pomfret Center	State CT	Zip Code 06259
Purpose of Expend WAGE	Description Wage for campaign closeout			Amount \$160.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Tyson Soulette		Date of Payment 08/22/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1482</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 169 Hale Ter		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend WAGE	Description wage for canvasser			Amount \$30.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Terence Friend		Date of Payment 08/22/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1483</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 205 Newfield Ave		City Bridgeport	State CT	Zip Code 06607
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$60.00

Name of Payee Ebony Young		Date of Payment 08/22/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1484</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 515 E Main St		City Bridgeport	State CT	Zip Code 06608
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$60.00

Name of Payee Patrick O'Connor		Date of Payment 08/22/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1485</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 67 Russel Rd		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$60.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Victor Capozziello		Date of Payment 08/22/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1486</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 68 Staples St		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend WAGE	Description wage for canvasser			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 #
				\$120.00

Name of Payee Nika Milbrun		Date of Payment 08/22/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1487</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 31 Raymond St		City Stamford	State CT	Zip Code 06902
Purpose of Expend WAGE	Description wage for campaign closeout			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 #
				\$960.00

Name of Payee Martinez, Diana		Date of Payment 08/22/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1488</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 41 Hotchkiss St		City Middletown	State CT	Zip Code 06457
Purpose of Expend WAGE	Description wage for campaign closeout			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 #
				\$280.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Martinez, Diana		Date of Payment 08/22/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1490</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 41 Hotchkiss St		City Middletown	State CT	Zip Code 06457
Purpose of Expend RMB	Description reimb for ink cartridge			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 #
				\$77.62

Name of Payee Nika Milbrun		Date of Payment 08/22/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1491</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 31 Raymond St		City Stamford	State CT	Zip Code 06902
Purpose of Expend RMB	Description reimburse for office supplies - ink cartridges			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$71.77

Name of Payee Nylarae Velez		Date of Payment 08/22/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1042276</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 52 Maple Ave		City Wallingford	State CT	Zip Code 06492
Purpose of Expend WAGE	Description wage for canvasser - canvasser has no id or bank account requested bank check			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

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Jadesi Dudley - Acevedo		Date of Payment 08/22/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1042274</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 41 Grant St		City Meriden	State CT	Zip Code 06450
Purpose of Expend WAGE	Description wage for canvasser - stop pmt on ck # 1022 - canvasser unable to cash ck due to no Id or bank account			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 #
				\$240.00

Name of Payee Amy Dudley		Date of Payment 08/22/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1042275</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 41 Grant St		City Meriden	State CT	Zip Code 06450
Purpose of Expend WAGE	Description wage for canvasser - stop payment on orig ck #1026 - unable to cash original ck due to no id or bank acct			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 #
				\$75.00

Name of Payee CVS Pharmacy		Date of Payment 08/23/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 6 Queen St		City Newtown	State CT	Zip Code 06470
Purpose of Expend POST	Description stamps			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 #
				\$10.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Target		Date of Payment 08/23/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 7 Stoney Hill Rd		City Bethel	State CT	Zip Code 06801
Purpose of Expend OFFICE	Description HP ink			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$38.28

Name of Payee Lupo, Jennine		Date of Payment 08/23/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1492</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 109 E Chestnut Hill Rd		City Litchfield	State CT	Zip Code 06759
Purpose of Expend RMB	Description Reimburse for printing at staples 08/02/18			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$71.19

Name of Payee Lupo, Jennine		Date of Payment 08/23/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1493</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 109 E Chestnut Hill Rd		City Litchfield	State CT	Zip Code 06759
Purpose of Expend RMB	Description Reimburse for office supplies			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$90.95

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Lupo, Jennine		Date of Payment 08/23/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1494</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 109 E Chestnut Hill Rd		City Litchfield	State CT	Zip Code 06759
Purpose of Expend TRVL	Description Mileage			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 #
				\$341.72

Name of Payee Alicia Janelle		Date of Payment 08/23/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1495</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 19 Taunton St		City Southington	State CT	Zip Code 06489
Purpose of Expend WAGE	Description Wage to close out campaign			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 Alicia Janelle		Date of Payment 08/23/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1496</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 19 Taunton St		City Southington	State CT	Zip Code 06489
Purpose of Expend TRVL	Description Mileage during campaign closeout			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 #
				\$58.04

IV. EXPENDITURES (Sections N - S)

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

Name of Payee DePaolo, Clinton		Date of Payment 08/23/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1497</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 39 Buttonball Dr		City Sandy Hook	State CT	Zip Code 06482
Purpose of Expend WAGE	Description wage for closing out campaign			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 #
				\$252.00

Name of Payee Evelyn Rodriguez		Date of Payment 08/23/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1498</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 79 Arch St		City New Haven	State CT	Zip Code 06519
Purpose of Expend RMB	Description reimburse for meals for canvassers			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 #
				\$75.46

Name of Payee Nick Fulchino		Date of Payment 08/23/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1499</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 283 Orchard Hill Rd		City Pomfret Center	State CT	Zip Code 06259
Purpose of Expend RMB	Description reimburse for office supplies & canvasser pmt			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 #
				\$73.79

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Victor Capozziello		Date of Payment 08/23/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1500</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 68 Staples St		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend WAGE	Description wage for canvasser			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 Charter Communications		Date of Payment 08/30/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 60588		City Los Angeles	State CA	Zip Code 90060
Purpose of Expend OVHD	Description Internet for Willamantic office			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 #
				\$213.52

Name of Payee United States Postal Service		Date of Payment 08/30/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 27 Masonic St Ste 1		City New London	State CT	Zip Code 06320
Purpose of Expend POST	Description stamps			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$6.70

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee Newtown Savings Bank		Date of Payment 08/31/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 32 Church Hill Rd		City Newtown	State CT	Zip Code 06470
Purpose of Expend BNK	Description Bank paper stmt fee			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$2.00

Name of Payee Newtown Savings Bank		Date of Payment 08/31/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 32 Church Hill Rd		City Newtown	State CT	Zip Code 06470
Purpose of Expend BNK	Description item fee - first 125 transactions are free / 396 transactions in Aug =271 over @.50 each			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 #
				\$135.50

Name of Payee Setaro Law Firm		Date of Payment 08/31/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1501</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2 Terrace Pl		City Danbury	State CT	Zip Code 06810
Purpose of Expend OVHD	Description rent for danbury office			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 #
				\$156.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Kennard Ray		Date of Payment 08/31/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1502</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 32 Elm St Apt 4		City Hartford	State CT	Zip Code 06106
Purpose of Expend WAGE	Description wage Aug 14, 2018			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$178.57

Name of Payee Kennard Ray		Date of Payment 08/31/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1503</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 32 Elm St Apt 4		City Hartford	State CT	Zip Code 06106
Purpose of Expend WAGE	Description wage to close out campaign 08/15 - 08/23/18			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$840.00

Name of Payee Kennard Ray		Date of Payment 08/31/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1504</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 32 Elm St Apt 4		City Hartford	State CT	Zip Code 06106
Purpose of Expend RMB	Description reimburse for pmt to irate canvasser from personal funds			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 #
				\$75.00

Total of Section N

\$190,497.45

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	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?	
Sisters Restaurant			08/09/2018		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City		State	Zip Code	
2756 Main St		Hartford		CT	06120	
Purpose of Expenditure (by code)	Description			Event #		Amount \$71.00
FOOD	reimburse candidate for breakfast for 5 campaign workers					
Name of Payee (Name of vendor who candidate paid directly)			Date of Payment		Is Reimbursement Claimed?	
United States Postal Service			08/10/2018		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City		State	Zip Code	
125 Main St		Southington		CT	06489	
Purpose of Expenditure (by code)	Description			Event #		Amount \$525.00
POST	postage for postcard mailer					
Name of Payee (Name of vendor who candidate paid directly)			Date of Payment		Is Reimbursement Claimed?	
Buffalo Wild Wings			08/10/2018		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City		State	Zip Code	
716 Queen St		Southington		CT	06489	
Purpose of Expenditure (by code)	Description			Event #		Amount \$16.94
FOOD	lunch for volunteer - 1 people					
Name of Payee (Name of vendor who candidate paid directly)			Date of Payment		Is Reimbursement Claimed?	
Staples			08/10/2018		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City		State	Zip Code	
672 Queen St		Southington		CT	06489	
Purpose of Expenditure (by code)	Description			Event #		Amount \$172.28
Misc *	1000 Postcards - thank you					

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	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?	
Staples		08/10/2018		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City	State	Zip Code	
672 Queen St		Southington	CT	06489	
Purpose of Expenditure (by code)	Description		Event #		Amount \$119.89
Misc *	500 Postcards - thank you				
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment		Is Reimbursement Claimed?	
Ihop		08/12/2018		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City	State	Zip Code	
339 Cottage Grove Rd		Bloomfield	CT	06002	
Purpose of Expenditure (by code)	Description		Event #		Amount \$64.51
FOOD	reimburse candidate for 4 people lunch				
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment		Is Reimbursement Claimed?	
Panera Bread Cafe		08/13/2018		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City	State	Zip Code	
365 Queen St		Southington	CT	06489	
Purpose of Expenditure (by code)	Description		Event #		Amount \$53.25
FOOD	lunch for volunteers - 3 people				
Total of Section O					\$1,022.87

IV. EXPENDITURES (Sections N - S)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
EVA for CT				30 Days Following Primary - Original	
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					
Total of Section P					

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	30 Days Following Primary - Original

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

Name of Creditor Samuel Pudlin		Date Incurred 08/14/2018	
Street Address 140 Russ St Apt S131	City Hartford	State CT	Zip Code 06106
Purpose of Expenditure (by code) RMB	Description Reimburse for breakfast for canvassers		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			\$42.56

Name of Creditor DePaolo, Clinton		Date Incurred 08/31/2018	
Street Address 39 Buttonball Dr	City Sandy Hook	State CT	Zip Code 06482
Purpose of Expenditure (by code) WAGE	Description wage for campaign closeout		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			\$199.50

Total of Section Q

\$242.06

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	30 Days Following Primary - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Lupo	First Jennine	MI	Date of Payment to Vendor 08/09/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1493 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant

Staples

Street Address of Vendor 67 Newtown Rd	City Danbury	State CT	Zip Code 06810
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Purpose of Expenditure (by code) OFFICE	Description Office supplies paper & Ink
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum R	Expenditure # (if applicable)	Event #	Amount \$49.29
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Last Name of Worker/Consultant Fulchino	First Nick	MI	Date of Payment to Vendor 08/09/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1499 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant

Walmart

Street Address of Vendor 474 Boston Post Rd	City North Windham	State CT	Zip Code 06256
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Purpose of Expenditure (by code) OFFICE	Description print cartridge
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum R	Expenditure # (if applicable)	Event #	Amount \$13.79
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IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	30 Days Following Primary - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Rodriguez	First Evelyn	MI	Date of Payment to Vendor 08/10/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1498 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant
McDonalds

Street Address of Vendor 290 Kimberly Ave	City New Haven	State CT	Zip Code 06519
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Purpose of Expenditure (by code) FOOD	Description food for canvassers
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$14.12
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Linsey	First Marissa	MI	Date of Payment to Vendor 08/10/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1219 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant
Best Buy

Street Address of Vendor 1501 New Britain Ave	City West Hartford	State CT	Zip Code 06110
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Purpose of Expenditure (by code) A-PH-BNK	Description Prepaid phone cards 10 @ \$10.00 each plus tax
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$106.92
If yes, assign an Expenditure # and completes Itemization in Addendum R			

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	30 Days Following Primary - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Linsey	First Marissa	MI	Date of Payment to Vendor 08/10/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1219 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Best Buy
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Street Address of Vendor 1501 New Britain Ave	City West Hartford	State CT	Zip Code 06110
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Purpose of Expenditure (by code) EFV *	Description Mobil hot spot - Verizon Ellipses Jetpack prepaid
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum R	Expenditure # (if applicable)	Event #	Amount \$53.16
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Last Name of Worker/Consultant Martinez	First Diana	MI	Date of Payment to Vendor 08/11/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1490 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Staples

Street Address of Vendor 1145 N Colony Rd	City Wallingford	State CT	Zip Code 06492
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Purpose of Expenditure (by code) OFFICE	Description printer ink cartridge
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum R	Expenditure # (if applicable)	Event #	Amount \$77.62
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IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	30 Days Following Primary - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Lupo	First Jennine	MI	Date of Payment to Vendor 08/11/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1493 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant

Family Dollar

Street Address of Vendor

199 Main St Ste 201

City

Danbury

State

CT

Zip Code

06810

Purpose of Expenditure
(by code)
OFFICE

Description

Canvassing supplies - ponchos & clip boards

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

Yes

No

Expenditure #
(if applicable)

Event #

Amount

\$41.71

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

Last Name of Worker/Consultant Rodriguez	First Evelyn	MI	Date of Payment to Vendor 08/12/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1498 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant

McDonalds

Street Address of Vendor

308 Ferry St

City

New Haven

State

CT

Zip Code

06513

Purpose of Expenditure
(by code)
FOOD

Description

food for canvassers

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

Yes

No

Expenditure #
(if applicable)

Event #

Amount

\$12.22

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	30 Days Following Primary - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Rodriguez	First Evelyn	MI	Date of Payment to Vendor 08/12/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1498 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant McDonalds				
Street Address of Vendor 308 Ferry St		City New Haven		State CT
Zip Code 06513				
Purpose of Expenditure (by code) FOOD	Description food for canvassers			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #	Amount \$32.34
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant Pudlin	First Samuel	MI	Date of Payment to Vendor 08/14/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant Dunkin Donuts				
Street Address of Vendor		City		State
Zip Code				
Purpose of Expenditure (by code) FOOD	Description food purchased for canvassers for breakfast			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #	Amount \$42.56
If yes, assign an Expenditure # and completes Itemization in Addendum R				

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	30 Days Following Primary - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Milbrun	First Nika	MI	Date of Payment to Vendor 08/14/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1491 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant

CVS Pharmacy

Street Address of Vendor 875 Boston Ave	City Bridgeport	State CT	Zip Code 06610
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Purpose of Expenditure (by code) OFFICE	Description office supplies - ink for printer
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$71.77
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Navarro	First Leopoldo	MI	Date of Payment to Vendor 08/14/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1171 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant

Domino's Pizza

Street Address of Vendor 938 Bank St # 7	City New London	State CT	Zip Code 06320
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Purpose of Expenditure (by code) FOOD	Description Lunch - reimburse for lunch for 10 canvassers
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$37.39
If yes, assign an Expenditure # and completes Itemization in Addendum R			

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	30 Days Following Primary - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant DeDios	First Jalmar	MI	Date of Payment to Vendor 08/14/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1176 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Staples

Street Address of Vendor 1145 N Colony Rd	City Wallingford	State CT	Zip Code 06492
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Purpose of Expenditure (by code) OFFICE	Description Office supplies for canvassing
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$54.06
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant DeDios	First Jalmar	MI	Date of Payment to Vendor 08/14/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1176 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Rite Aid
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Street Address of Vendor 277 Fairfield Ave	City Waterbury	State CT	Zip Code 06708
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Purpose of Expenditure (by code) FOOD	Description Lunch for canvasser
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$9.43
If yes, assign an Expenditure # and completes Itemization in Addendum R			

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	30 Days Following Primary - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant DeDios	First Jalmar	MI	Date of Payment to Vendor 08/14/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1180 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Rite Aid
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Street Address of Vendor 277 Fairfield Ave	City Waterbury	State CT	Zip Code 06708
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Purpose of Expenditure (by code) FOOD	Description lunch for canvasser
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$9.43
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Ray	First Kennard	MI	Date of Payment to Vendor 08/16/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1504 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant
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Street Address of Vendor	City	State	Zip Code
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Purpose of Expenditure (by code) WAGE	Description Paid irate canvasser out of personal funds
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$75.00
If yes, assign an Expenditure # and completes Itemization in Addendum R			

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	30 Days Following Primary - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Fulchino	First Nick	MI	Date of Payment to Vendor 08/17/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1499 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant Mike McBrien				
Street Address of Vendor 56 Laurel St		City Putnam	State CT	Zip Code 06226
Purpose of Expenditure (by code) WAGE	Description Paid irate canvasser out of personal funds			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$60.00	
If yes, assign an Expenditure # and completes Itemization in Addendum R				
Total of Section R				\$760.81

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	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 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