



**COVER PAGE**

1. NAME OF COMMITTEE			2. TYPE OF COMMITTEE		
<b>Friends of Travis Simms</b>			<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee		
3. TREASURER NAME					
First <b>Linda</b>	MI	Last <b>Harrison</b>		Suffix	
4. TREASURER ADDRESS					
Street Address <b>15 Ryan Ave</b>	City <b>Norwalk</b>	State <b>CT</b>	Zip Code <b>06854</b>		
5. ELECTION DATE <b>11/06/2018</b>	6. OFFICE SOUGHT (Complete only if Candidate Committee) <b>State Representative</b>			7. DISTRICT NUMBER (if applicable) <b>R140</b>	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First <b>Travis</b>	MI <b>L</b>	Last <b>Simms</b>		Suffix	
9. TYPE OF REPORT					
<b>30 Days Following Primary - Amendment</b>					
10. PERIOD COVERED					
Beginning Date		Ending Date			
<b>08/08/2018</b>		thru		<b>08/31/2018</b>	
11. CERTIFICATION					
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.					
<b>Electronic Filing</b>	<b>Linda Harrison</b>	<b>10/08/2018 12:16:21PM</b>			
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED			
<b>A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.</b>					

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
<b>Friends of Travis Simms</b>	30 Days Following Primary - Amendment	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		<b>\$0.00</b>
13. Balance on hand at the beginning of Reporting Period	<b>\$22,082.07</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$0.00</b>	<b>\$6,387.00</b>
15. Receipts from Other Committees (Sections C1 and C2)	<b>\$0.00</b>	<b>\$0.00</b>
16. Other Monetary Receipts (Section D through I)	<b>\$39.60</b>	<b>\$28,189.63</b>
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	<b>\$0.00</b>	<b>\$0.00</b>
18. Total Monetary Receipts (add totals for lines 14 through 17)	<b>\$39.60</b>	<b>\$34,576.63</b>
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	<b>\$22,121.67</b>	<b>\$34,576.63</b>
20. Expenses Paid by Committee (Section N)	<b>\$20,643.69</b>	<b>\$33,098.65</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	<b>\$1,477.98</b>	<b>\$1,477.98</b>
22. In-Kind Donations not Considered Contributions Received (Section J3)	<b>\$0.00</b>	<b>\$0.00</b>
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	<b>\$0.00</b>	<b>\$0.00</b>
24. In-Kind Contributions Received (Section K)	<b>\$0.00</b>	<b>\$0.00</b>
25. Refundable Deposit to Telephone Company (Section L)	<b>\$0.00</b>	<b>\$0.00</b>
26. Beginning Loan Balance	<b>\$0.00</b>	
26a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
26b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26c. - Payments on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26d. Total Outstanding Loan Amount	<b>\$0.00</b>	
27. Campaign Expenses Paid By Candidate (Section O)	<b>\$0.00</b>	<b>\$709.62</b>
28. Expenses Incurred on Committee Credit Card (Section P)	<b>\$0.00</b>	<b>\$0.00</b>
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	<b>\$0.00</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$0.00</b>	



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

NAME OF COMMITTEE					TYPE OF REPORT	
Friends of Travis Simms					30 Days Following Primary - Amendment	
<b>C2. Reimbursements or Surplus Distributions from other Committees</b>						
Name of Committee				Name of Treasurer		
Address					Date Received	Amount of Receipt
City		State	Zip Code	Payment Type		
				Reimbursement for shared expense Surplus distribution from exploratory committee		
Expenditure #	Description					
<b>Total of Section C2</b>						

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

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

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

NAME OF COMMITTEE	TYPE OF REPORT
Friends of Travis Simms	30 Days Following Primary - Amendment

**E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)**

Date of Receipt	Method of Payment	Amount
	Cash                      Personal Check                      Credit/Debit Card	
<b>Total of Section E</b>		

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

NAME OF COMMITTEE	TYPE OF REPORT
Friends of Travis Simms	30 Days Following Primary - Amendment

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

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

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

NAME OF COMMITTEE	TYPE OF REPORT
Friends of Travis Simms	30 Days Following Primary - Amendment

**H. Public Grant Funds Received from the Citizens' Election Fund**

Purpose of Grant:	Grant Cycle:	Date Received	Amount
Initial                      Grant Adjustment Supplemental/Post Election Deficit	Primary                      General Election                      Special Election		
<b>Total of Section H</b>			

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

NAME OF COMMITTEE				TYPE OF REPORT	
Friends of Travis Simms				30 Days Following Primary - Amendment	
<b>I. Miscellaneous Monetary Receipts not Considered Contributions</b>					
Name			Date of Transaction		Amount Received
Day Campaign			08/13/2018		
Street Address		City	State	Zip Code	
112 Bloomfield Ave		Windsor	CT	06095	
Description					\$39.60
Refund of overpayment					
<b>Total of Section I</b>					<b>\$39.60</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT		
Friends of Travis Simms				30 Days Following Primary - Amendment		
<b>J1. Event Information</b>						
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			
<b>Subpart 1:</b>			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			
<b>Total of Section J1</b>						

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Travis Simms	30 Days Following Primary - Amendment

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

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

**Total of Section J3****II. EVENT ACTIVITY (Sections J1 - J4)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Travis Simms	30 Days Following Primary - Amendment

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

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

**Total of Section J4**

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Travis Simms	30 Days Following Primary - Amendment

**K. In-Kind Contributions**

Name			
Street Address		City	State   Zip Code
Is this contribution associated with an event reported in Section J1?	Yes No	Description of In-Kind Contribution	
If yes, list Event#			
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	Is contributor a principal of a state contractor or prospective state contractor? 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
Friends of Travis Simms	30 Days Following Primary - Amendment

**L. Refundable Deposit to Telephone Company**

Last Name of Individual	First Name	MI	Date Deposit Made
Residential Street Address	City	State	Zip Code
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
Friends of Travis Simms	30 Days Following Primary - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Chestnut Mart		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 Hutchinson River Parkway		City White Plains	State NY	Zip Code 10605
Purpose of Expend FOOD	Description Lunch for canvasser (L. Harrison, M. Ragin) who picked up campaign material			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$12.34

Name of Payee Famous Pizza		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 23 N Main St		City Norwalk	State CT	Zip Code 06854
Purpose of Expend FOOD	Description Food for canvassers (L. Wiggins, R. Minor, C. Fulanton, B. Henry, B. Harris, J. Weldon, J. Hill)			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$92.52

Name of Payee Frank McClain		Date of Payment 08/08/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1014</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 4 Merritt St		City Norwalk	State CT	Zip Code 06854
Purpose of Expend WAGE	Description Canvasser's wage: 9 hrs @ 12.00 (08/04&05/2018)			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 #
				\$108.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Travis Simms	30 Days Following Primary - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Ronald Minor		Date of Payment 08/08/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1011</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 25 Sanford Ave		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend WAGE	Description Canvasser's wage: 7.5 hrs @ 12.00 (08/04&05/2018)			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 #
				\$90.00

Name of Payee Lamont Wiggins		Date of Payment 08/08/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1013</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 7B Observatory Pl		City Norwalk	State CT	Zip Code 06854
Purpose of Expend WAGE	Description Canvasser's wage: 8.5 hrs @ 12.00 (08/04&05/2018)			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 #
				\$102.00

Name of Payee Barbara Sumner-Harris		Date of Payment 08/08/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1010</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 88 Taylor Ave		City Norwalk	State CT	Zip Code 06854
Purpose of Expend WAGE	Description Canvasser's wage: 5 hrs @ 12.00 (week ending 08/04&05/2018)			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 #
				\$60.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Travis Simms	30 Days Following Primary - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Darius Williams		Date of Payment 08/10/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1015</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 57 Marlin Dr		City Norwalk	State CT	Zip Code 06854
Purpose of Expend WAGE	Description Agreed salary for services rendered (08/01-08/2018)			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 #
				\$300.00

Name of Payee Norwalk Dollar House		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 20 N Main St		City Norwalk	State CT	Zip Code 06854
Purpose of Expend FOOD	Description Water 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 #
				\$12.49

Name of Payee Famous Pizza		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 23 N Main St		City Norwalk	State CT	Zip Code 06854
Purpose of Expend FOOD	Description Dinner for staff sending out mailers (R. Burgess, M. Derry, L. Harrison, T. Simms, B. Johnson, D. Williams, S. Stokes, L. Ragin)			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$50.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Travis Simms	30 Days Following Primary - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Staples		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 654 Main Ave		City Norwalk	State CT	Zip Code 06897
Purpose of Expend POST	Description Postage for mailers 500 @ \$1.00 each			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 #	\$500.00

Name of Payee US Postal Service		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 16 Washington St		City Norwalk	State CT	Zip Code 06854
Purpose of Expend POST	Description Postage for mailers 327 @ \$1.00 each			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 #	\$327.00

Name of Payee US Postal Service		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 2 Belden Ave		City Norwalk	State CT	Zip Code 06850
Purpose of Expend POST	Description Postage for mailers 70 @ \$1.00 each			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 #	\$70.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Travis Simms	30 Days Following Primary - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Impulse Design		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 20 Taylor St		City Danbury	State CT	Zip Code 06810
Purpose of Expend A-OTH	Description Underpaid Invoice #16164. Previously paid \$1529.21 should have paid \$1573.98. The difference was \$44.77.			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 #	\$44.77

Name of Payee Impulse Design		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 20 Taylor St		City Danbury	State CT	Zip Code 06810
Purpose of Expend A-OTH	Description 1500 Postcards for direct mailing to voters in district this includes postage - Invoice #16164			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 #	\$1,529.21

Name of Payee Norwalk Dollar House		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 20 N Main St		City Norwalk	State CT	Zip Code 06854
Purpose of Expend OFFICE	Description Miscellaneous office supplies			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 #	\$27.41

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Travis Simms	30 Days Following Primary - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee US Postal Service		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 16 Washington St		City Norwalk	State CT	Zip Code 06854
Purpose of Expend POST	Description Postage for mailers 200 @ \$1.00 each			Amount  \$200.00
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 US Postal Service		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 16 Washington St		City East Norwalk	State CT	Zip Code 06854
Purpose of Expend POST	Description Postage for mailers 100 @ \$1.00 each			Amount  \$100.00
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 Norwalk Dollar House		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 20 N Main St		City Norwalk	State CT	Zip Code 06854
Purpose of Expend OFFICE	Description Office and cleaning supplies			Amount  \$13.03
Is this expenditure coordinated with another candidate for which reimbursement 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
Friends of Travis Simms	30 Days Following Primary - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee New Mainport Fish N Chip		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 42 N Main St		City Norwalk	State CT	Zip Code 06854
Purpose of Expend FOOD	Description Food for canvassers and phone bank workers (P. Ospina, K. Duarte, R. Minor, L. Wiggins)			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$45.30

Name of Payee Walmart		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 650 Main Ave		City Norwalk	State CT	Zip Code 06851
Purpose of Expend OFFICE	Description Food and drinks for canvassers (\$69.34), office supplies (\$11.29), 4 ft table (\$35.80), tax (\$3.52)			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$119.95

Name of Payee Caffe Social		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 73 N Main		City Norwalk	State CT	Zip Code 06854
Purpose of Expend FOOD	Description Breakfast for staffers (M. Ragin, K. Duarte, M. Derry)			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$37.43

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Travis Simms	30 Days Following Primary - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Alphagraphics		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 16 Dyke Ln		City Stamford	State CT	Zip Code 06902
Purpose of Expend A-SIGN	Description 12 Full Color Campaign Yard Signs			Amount  \$294.48
Is this expenditure coordinated with another candidate for which reimbursement 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 Desiree Martin		Date of Payment 08/13/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1024</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 18 Charles St		City East Norwalk	State CT	Zip Code 06855
Purpose of Expend WAGE	Description Canvasser's wage: 19 hrs @ 12.00 (week ending 08/12/2018)			Amount  \$228.00
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 Bobby Henry		Date of Payment 08/13/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1017</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 13 Commerce St		City Norwalk	State CT	Zip Code 06850
Purpose of Expend WAGE	Description Canvasser's wage: 16.5 hrs @ 12.00 (week ending 08/12/2018)			Amount  \$198.00
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
Friends of Travis Simms	30 Days Following Primary - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Charles Fulton		Date of Payment 08/13/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1018</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 92 Cedar St Apt B8		City Norwalk	State CT	Zip Code 06854
Purpose of Expend WAGE	Description Canvasser's wage: 14 hrs @ 12.00 (week ending 08/12/2018)			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 #
				\$168.00

Name of Payee Cynthia Blackwell		Date of Payment 08/13/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1027</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5 Riordan St		City Norwalk	State CT	Zip Code 06854
Purpose of Expend WAGE	Description Canvasser's wage: 21.5 hrs @ 12.00 (week ending 08/12/2018)			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 #
				\$258.00

Name of Payee Donna Wade		Date of Payment 08/13/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1022</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 18 Charles St Fl 1		City East Norwalk	State CT	Zip Code 06855
Purpose of Expend WAGE	Description Canvasser's wage: 22.5 hrs @ 12.00 (week ending 08/12/2018)			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 #
				\$270.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Travis Simms	30 Days Following Primary - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Arlene Treherne		Date of Payment 08/13/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1023</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 306		City Norwalk	State CT	Zip Code 06856
Purpose of Expend WAGE	Description Canvasser's wage: 11.25 hrs @ 12.00 (week ending 08/12/2018)			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 #
				\$135.00

Name of Payee Bruce Morris, Jr.		Date of Payment 08/13/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1032</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 315 Ely Ave		City Norwalk	State CT	Zip Code 06854
Purpose of Expend WAGE	Description Canvasser's wage: 11.5 hrs @ 12.00 (week ending 08/12/2018)			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 #
				\$138.00

Name of Payee Kierra Keitt		Date of Payment 08/13/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1019</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 8 Knorr St		City Norwalk	State CT	Zip Code 06854
Purpose of Expend WAGE	Description Canvasser's wage: 3 hrs @ 12.00 (week ending 08/12/2018)			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 #
				\$36.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Travis Simms	30 Days Following Primary - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Harry Desances		Date of Payment 08/13/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1026</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5 Riordan St		City Norwalk	State CT	Zip Code 06854
Purpose of Expend WAGE	Description Canvasser's wage: 19 hrs @ 12.00 (week ending 08/12/2018)			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 #	\$228.00

Name of Payee <del>Famous Pizza</del>		Date of Payment <del>08/13/2018</del>	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <del>23 N Main St</del>		City <del>Norwalk</del>	State <del>CT</del>	Zip Code <del>06854</del>
Purpose of Expend <del>FOOD</del>	Description <del>Lunch for volunteers and canvassers (K. Duarte, R. McCall, J. Weldon, J. Hill, L. Ragin, B. Harris, M. Ragin)</del>			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 #	<del>\$53.45</del>

Name of Payee Michelle McRae		Date of Payment 08/13/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1012</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1011 Washington Vlg		City Norwalk	State CT	Zip Code 06854
Purpose of Expend WAGE	Description Canvasser's wage: 8 hrs @ 12.00 (week ending 08/04&05/2018)			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 #	\$96.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Travis Simms	30 Days Following Primary - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Michelle McRae		Date of Payment 08/13/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1030</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1011 Washington Vlg		City Norwalk	State CT	Zip Code 06854
Purpose of Expend WAGE	Description Canvasser's wage: 4 hrs @ 12.00 (week ending 08/12/2018)			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 #
				\$48.00

Name of Payee Tyler Desances		Date of Payment 08/13/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1028</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5 Riordan St		City Norwalk	State CT	Zip Code 06854
Purpose of Expend WAGE	Description Canvasser's wage: 22.5 hrs @ 12.00 (week ending 08/12/2018)			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 #
				\$270.00

Name of Payee Barbara Sumner-Harris		Date of Payment 08/13/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1025</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 88 Taylor Ave		City Norwalk	State CT	Zip Code 06854
Purpose of Expend WAGE	Description Canvasser's wage: 19.25 hrs @ 12.00 (week ending 08/12/2018)			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 #
				\$234.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Travis Simms	30 Days Following Primary - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Lamont Wiggins		Date of Payment 08/13/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1020</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 7B Observatory Pl		City Norwalk	State CT	Zip Code 06854
Purpose of Expend WAGE	Description Canvasser's wage: 15.25 hrs @ 12.00 (week ending 08/12/2018)			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 #	\$183.00

Name of Payee Ronald Minor		Date of Payment 08/13/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1029</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 25 Sanford Ave		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend WAGE	Description Canvasser's wage: 17 hrs @ 12.00 (week ending 08/12/2018)			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 #	\$204.00

Name of Payee Ronald Minor		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1039</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 25 Sanford Ave		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend WAGE	Description Flat rate wage for working election day polls (08/14/2018)			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 #	\$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Travis Simms	30 Days Following Primary - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Lamont Wiggins		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1038</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 7B Observatory Pl		City Norwalk	State CT	Zip Code 06854
Purpose of Expend WAGE	Description Flat rate wage for working election day polls (08/14/2018)			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 #
				\$100.00

Name of Payee Barbara Sumner-Harris		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1037</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 88 Taylor Ave		City Norwalk	State CT	Zip Code 06854
Purpose of Expend WAGE	Description Flat rate wage for working election day polls (08/14/2018)			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 #
				\$100.00

Name of Payee Jean Hill		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1036</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 300 Ely Ave # 10		City Norwalk	State CT	Zip Code 06854
Purpose of Expend WAGE	Description Canvasser's wage: 22.5 hrs @ 12.00 (week ending 08/12/2018)			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 #
				\$270.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Travis Simms	30 Days Following Primary - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Johnnie Mae Weldon		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1033</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 213 Liberty Sq Apt A		City Norwalk	State CT	Zip Code 06855-1029
Purpose of Expend WAGE	Description Canvasser's wage: 8 hrs @ 12.00 (week ending 08/04&05/2018)			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 #
				\$96.00

Name of Payee Johnnie Mae Weldon		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1034</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 213 Liberty Sq Apt A		City Norwalk	State CT	Zip Code 06855-1029
Purpose of Expend WAGE	Description Canvasser's wage: 16.75 hrs @ 12.00 (week ending 08/12/2018)			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 #
				\$201.00

Name of Payee Johnnie Mae Weldon		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1044</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 213 Liberty Sq Apt A		City Norwalk	State CT	Zip Code 06855-1029
Purpose of Expend WAGE	Description Flat rate wage for working election day polls (08/14/2018)			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 #
				\$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Travis Simms	30 Days Following Primary - Amendment

#### N. Expenses Paid By Committee

Name of Payee Costco Wholesale		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 779 Connecticut Ave		City Norwalk	State CT	Zip Code 06854
Purpose of Expend FOOD	Description Sandwiches and drinks for employees & volunteers working the polls (Kendall School, Columbus School, Nathaniel Ely School)			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$76.21
Name of Payee Dunkin Donuts		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 81 N Main St		City Norwalk	State CT	Zip Code 06854
Purpose of Expend FOOD	Description Coffee and donuts for employees & volunteers working the polls (Kendall School, Columbus School, Nathaniel Ely School)			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$95.14
Name of Payee New Mainport Fish N Chip		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 42 N Main St		City Norwalk	State CT	Zip Code 06854
Purpose of Expend FOOD	Description Food for Primary victory celebration (staff, canvassers, 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 #
				\$48.62



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Travis Simms	30 Days Following Primary - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee New Mainport Fish N Chip		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 42 N Main St		City Norwalk	State CT	Zip Code 06854
Purpose of Expend FOOD	Description Office lunch (L. Ragin)			Amount  \$7.50
Is this expenditure coordinated with another candidate for which reimbursement 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 New Mainport Fish N Chip		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 42 N Main St		City Norwalk	State CT	Zip Code 06854
Purpose of Expend FOOD	Description Lunch for staff (M. Derry, M. Ragin, L. Harrison, R. Burgess, L. Ragin)			Amount  \$39.90
Is this expenditure coordinated with another candidate for which reimbursement 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 Norwalk Dollar House		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 20 N Main St		City Norwalk	State CT	Zip Code 06854
Purpose of Expend Misc *	Description Decorations for Primary victory celebration (balloons)			Amount  \$25.52
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)	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Travis Simms	30 Days Following Primary - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Norwalk Dollar House		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 20 N Main St		City Norwalk	State CT	Zip Code 06854
Purpose of Expend FOOD	Description Snacks and water for poll workers (Kendall School, Columbus School, Nathaniel Ely School)			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$28.36

Name of Payee Famous 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 23 N Main St		City Norwalk	State CT	Zip Code 06854
Purpose of Expend FOOD	Description Food for Primary victory celebration (staff, canvassers, 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 #
				\$60.94

Name of Payee Famous 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 23 N Main St		City Norwalk	State CT	Zip Code 06854
Purpose of Expend FOOD	Description Food for Primary victory celebration (staff, canvassers, 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 #
				\$50.94

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Travis Simms	30 Days Following Primary - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Famous 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 23 N Main St		City Norwalk	State CT	Zip Code 06854
Purpose of Expend FOOD	Description Food for Primary victory celebration (staff, canvassers, 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 #
				\$10.65

Name of Payee Sharod Blackwell		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1035</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5 Riordan St		City Norwalk	State CT	Zip Code 06854
Purpose of Expend WAGE	Description Canvasser's wage: 16 hrs @ 12.00 (week ending 08/12/2018)			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 #
				\$192.00

Name of Payee Bruce Morris, Jr.		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1045</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 315 Ely Ave		City Norwalk	State CT	Zip Code 06854
Purpose of Expend WAGE	Description Flat rate wage for working election day polls (08/14/2018)			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 #
				\$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Travis Simms	30 Days Following Primary - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Arlene Treherne		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1040</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 306		City Norwalk	State CT	Zip Code 06856
Purpose of Expend WAGE	Description Flat rate wage for working election day polls (08/14/2018)			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 #
				\$100.00

Name of Payee Charles Fulton		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1042</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 92 Cedar St Apt B8		City Norwalk	State CT	Zip Code 06854
Purpose of Expend WAGE	Description Flat rate wage for working election day polls (08/14/2018)			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 #
				\$100.00

Name of Payee Bobby Henry		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1041</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 13 Commerce St		City Norwalk	State CT	Zip Code 06850
Purpose of Expend WAGE	Description Flat rate wage for working election day polls (08/14/2018)			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 #
				\$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Travis Simms	30 Days Following Primary - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Faviola Espinoza		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1047</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 21 High St		City Norwalk	State CT	Zip Code 06851
Purpose of Expend WAGE	Description Canvasser's wage: 6 hrs @ 12.00 (week ending 08/12/2018)			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 #
				\$72.00

Name of Payee Faviola Espinoza		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1043</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 21 High St		City Norwalk	State CT	Zip Code 06851
Purpose of Expend WAGE	Description Flat rate wage for working election day polls (08/14/2018)			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 #
				\$100.00

Name of Payee Loretta Ragin		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1046</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 133 Monterey Pl Bldg 1 , Apt 7		City Norwalk	State CT	Zip Code 06854
Purpose of Expend WAGE	Description Data Entry and Phone Banking 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 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
Friends of Travis Simms	30 Days Following Primary - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Martina Sanchez		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1049</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 261 Ely Ave Bldg 14-2B		City Norwalk	State CT	Zip Code 06854
Purpose of Expend WAGE	Description Flat rate wage for working election day polls (08/14/2018)			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 #
				\$100.00

Name of Payee Paola A. Ospina		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1048</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 242 Ely Ave		City Norwalk	State CT	Zip Code 06854
Purpose of Expend WAGE	Description Campaign Phone Bank Worker			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$255.00

Name of Payee Optimum		Date of Payment 08/17/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1052</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 742698		City Cincinnati	State OH	Zip Code 45274-2698
Purpose of Expend OVHD	Description Account # 07808-624968-02-3 for Cable, Internet, Telephones install & first month's charge			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$683.27

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Travis Simms	30 Days Following Primary - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Django Phillips - Phillips Media Design		Date of Payment 08/17/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1053</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 47 Warwick Ave		City Stratford	State CT	Zip Code 06615
Purpose of Expend A-OTH	Description Invoice #08072018) Campaign material (yard signs, t-shirts, highway signs, vinyl banner, window signs lapel stickers, postcards, door hangers, car magnets, palm 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 #
				\$5,303.00

Name of Payee Meredythe Goethe		Date of Payment 08/17/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1055</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 155 Ayrshire Ln		City Avon	State CT	Zip Code 06001
Purpose of Expend WEB	Description Invoice #000000001 for digital marketing and print media for primary election			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$931.00

Name of Payee Robert Burgess		Date of Payment 08/17/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1051</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 37 Brooklawn Ave		City Norwalk	State CT	Zip Code 06854
Purpose of Expend WAGE	Description Flat rate wage for coordinating canvassers activities during the Primary 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 #
				\$1,600.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Travis Simms	30 Days Following Primary - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Mellodye Ragin		Date of Payment 08/17/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1050</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 7 Woodbury Ave Unit 3		City Norwalk	State CT	Zip Code 06850
Purpose of Expend WAGE	Description Flat rate wage for coordinating office activities during the Primary 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 #
				\$1,000.00

Name of Payee Matthew Derry		Date of Payment 08/17/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1050</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 7 Platt St		City Norwalk	State CT	Zip Code 06855
Purpose of Expend WAGE	Description Flat rate wage for assisting coordinator of canvassers during the Primary 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 #
				\$900.00

Name of Payee Impulse Design		Date of Payment 08/20/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 20 Taylor St		City Danbury	State CT	Zip Code 06810
Purpose of Expend A-OTH	Description Prepared 1500 postcards for direct mailing to voters in district - Inv#16128B			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$584.93



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Travis Simms	30 Days Following Primary - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Harland Clarke c/o People's United Bank	Date of Payment 08/22/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 385 Connecticut Ave	City Norwalk	State CT	Zip Code 06854
Purpose of Expend BNK	Description Check reorder #180822	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$131.78
<b>Total of Section N</b>			<b>\$20,643.69</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT		
	30 Days Following Primary - Amendment		
<b>O. Expenses Paid By Candidate</b>			
Name of Payee (Name of vendor who candidate paid directly)	Date of Payment	Is Reimbursement Claimed? Yes      No	
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	
<b>Total of Section O</b>			

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Travis Simms	30 Days Following Primary - Amendment

**P. Expenses Incurred on Committee Credit Card**

Name of Issuing Institution	Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other			
Name of Vendor				Date of Transaction
Street Address	City	State	Zip Code	
Purpose of Expenditure (by code)	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?	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
Friends of Travis Simms	30 Days Following Primary - Amendment

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

Name of Creditor				Date Incurred
Street Address	City	State	Zip Code	
Purpose of Expenditure (by code)	Description			Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Yes No	Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and completes Itemization in Addendum Q				

**Total of Section Q**

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Travis Simms	30 Days Following Primary - Amendment

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

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

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Travis Simms	30 Days Following Primary - Amendment

**S. Surplus Distribution of Equipment and Furniture**

Name of Recipient				
Street Address	City	State	Zip Code	Original Purchase Amount of Item
Description of Item				
<b>Total of Section S</b>				

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

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

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

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

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