**SEEC FORM 30**
Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised February 2015

Electronic Filing

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# COVER PAGE

| 1.NAME OF COMMITTEE | 2. TYPE OF COMMITTEE |
|---|---|
| **Bermudez for NH** | [x] Candidate Committee<br>[ ] Exploratory Committee |

3. TREASURER NAME

| First | MI | Last | Suffix |
|---|---|---|---|
| **shannon** | **G** | **raider** | |

4. TREASURER ADDRESS

| Street Address | City | State | Zip Code |
|---|---|---|---|
| **10 Field St** | **New Haven** | **CT** | **06515-1620** |

| 5. ELECTION DATE | 6. OFFICE SOUGHT *( Complete only if Candidate Committee)* | 7. DISTRICT NUMBER *( if applicable )* |
|---|---|---|
| **11/03/2026** | **State Representative** | **R097** |

8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)

| First | MI | Last | Suffix |
|---|---|---|---|
| **Wildaliz** | | **Bermudez** | |

9. TYPE OF REPORT

**7th Day Preceding Primary - Original**

10. PERIOD COVERED

| Beginning Date | | Ending Date |
|---|---|---|
| **07/29/2026** | thru | **08/02/2026** |

11. CERTIFICATION

☑ I hereby certify and state, under penalties of false statement, that all of the information set forth on this **Itemized Campaign Finance Disclosure Statement** for the period covered is true, accurate and complete.

| **Electronic Filing** | **shannon raider** | **08/05/2026 10:00:02PM** |
|---|---|---|
| SIGNATURE | PRINT NAME OF THE SIGNER | DATE CERTIFIED |

**A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to $25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.**

**SEEC FORM 30**
Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised February 2015

## SUMMARY PAGE TOTALS

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT | |
|---|---|---|
| **Bermudez for NH** | 7th Day Preceding Primary - Original | |
| | COLUMN A<br>This Period | COLUMN B<br>Aggregate |
| 12. Balance on hand from day Committee was formed | | **$0.00** |
| 13. Balance on hand at the beginning of Reporting Period | **$31,660.14** | |
| 14. Contributions received from Individuals (Section A and B) | **$0.00** | **$7,175.66** |
| 15. Receipts from Other Committees (Sections C1 and C2) | **$0.00** | **$0.00** |
| 16. Other Monetary Receipts (Section D through I) | **$0.00** | **$39,054.89** |
| 17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1) | **$84.24** | **$84.24** |
| 18. Total Monetary Receipts (add totals for lines 14 through 17) | **$84.24** | **$46,314.79** |
| 19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B) | **$31,744.38** | **$46,314.79** |
| 20. Expenses Paid by Committee (Section N) | **$3,873.02** | **$18,443.43** |
| 21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns ) | **$27,871.36** | **$27,871.36** |
| 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) | **$84.24** | **$360.53** |
| 24. In-Kind Contributions Received (Section K) | **$0.00** | **$0.00** |
| 25. Refundable Deposit to Telephone Company (Section L) | **$0.00** | **$0.00** |
| 26. Beginning Loan Balance | **$0.00** | |
| 26a. + Loans Received (Section D) | **$0.00** | **$0.00** |
| 26b. + Interest and Penalties on Loan(s) | **$0.00** | **$0.00** |
| 26c. - Payments on Loan(s) | **$0.00** | **$0.00** |
| 26d. Total Outstanding Loan Amount | **$0.00** | |
| 27. Campaign Expenses Paid By Candidate (Section O) | **$0.00** | **$607.27** |
| 28. Expenses Incurred on Committee Credit Card (Section P) | **$0.00** | **$0.00** |
| 29. Expenses Incurred by Committee During this Period but Not Paid (Section Q) | **$0.00** | |
| 29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q) | **$171.60** | |

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

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| Bermudez for NH | 7th Day Preceding 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? Yes No<br>If yes, indicate which branch or branches of government the contract is with: Executive Legislative | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No | Amount of Contribution |
|---|---|---|

| Is this contribution associated with an event reported in Section J1? Yes No<br>If yes, list Event # | Method of contribution:<br>Cash Personal Check<br>Money Order Credit/Debit Card | Date Received | Aggregate Contributions |
|---|---|---|---|
| | | | |

| | |
|---|---|
| **Total of Section B** | |
| **TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS** (Sections A + B) *(Total on Line 14, Column A of Summary Page)* | |

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

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| Bermudez for NH | 7th Day Preceding 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? Yes No<br>If yes, list Event # | Amount of Contribution |
|---|---|---|

| City | State | Zip Code | Date Received | Aggregate Contributions |
|---|---|---|---|---|
| | | | | |

| | |
|---|---|
| **Total of Section C1** | |

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

| NAME OF COMMITTEE | TYPE OF REPORT |
|---|---|
| Bermudez for NH | 7th Day Preceding 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<br>Reimbursement for shared expense<br>Surplus distribution from exploratory committee | |
| Expenditure # | Description | | | |
| | | | **Total of Section C2** | |

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

| NAME OF COMMITTEE | TYPE OF REPORT |
|---|---|
| Bermudez for NH | 7th Day Preceding Primary - Original |

### D. Loans Received this Period

| Name of Lender | | Source of Loan:<br>Bank Candidate Individual Other | | Date of Receipt |
|---|---|---|---|---|
| Street Address | City | State | Zip Code | Is there a cosigner or Guarantor of this loan?<br>Yes No |
| Name of Cosigner/Guarantor (if applicable) | | | | **Amount Received** |
| Street Address | City | Stat | Zip Code | |
| | | | **Total of Section D** | |

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

| NAME OF COMMITTEE | TYPE OF REPORT |
|---|---|
| Bermudez for NH | 7th Day Preceding 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 |
|---|---|
| Bermudez for NH | 7th Day Preceding 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 |
|---|---|
| Bermudez for NH | 7th Day Preceding 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 |
|---|---|
| Bermudez for NH | 7th Day Preceding Primary - Original |

### I. Miscellaneous Monetary Receipts not Considered Contributions

| Name | | | Date of Transaction | Amount Received |
|---|---|---|---|---|
| Street Address | City | State | Zip Code | |
| Description | | | | |
| | | | **Total of Section I** | |

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

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| Bermudez for NH | 7th Day Preceding Primary - Original |

### J1. Event Information

| Event # | Date of Event | Letter | Description | Was this a fundraising event? |
|---|---|---|---|---|
| | 08/02/2026 | d | Meet and Greet Event | ☐ Yes ☒ No |

| Location: Street Address | City | State | Zip Code |
|---|---|---|---|
| 51 Perkins St . | New Haven | CT | 06513 |

| | | | |
|---|---|---|---|
| Was this event hosted at a personal residence? | ☒ Yes<br>☐ No | if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations. |
| Did this fundraiser include items donated by a business entity of up to $200 or items donated by an individual of up to $100? | ☐ Yes<br>☒ No | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information. |
| **Subpart 1:** Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to $100? | ☒ Yes<br>☐ No | (If yes, enter Total Receipts here.) $84.24 |

| Event # | Date of Event | Letter | Description | Was this a fundraising event? |
|---|---|---|---|---|
| | 08/02/2026 | E | Speech Event | ☐ Yes ☒ No |

| Location: Street Address | City | State | Zip Code |
|---|---|---|---|
| 339 Eastern St | New Haven | CT | 06513 |

| | | | |
|---|---|---|---|
| Was this event hosted at a personal residence? | ☐ Yes<br>☒ No | if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations. |
| Did this fundraiser include items donated by a business entity of up to $200 or items donated by an individual of up to $100? | ☐ Yes<br>☒ No | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information. |
| **Subpart 1:** Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to $100? | ☐ Yes<br>☒ No | (If yes, enter Total Receipts here.) $0.00 |

| Event # | Date of Event | Letter | Description | Was this a fundraising event? |
|---|---|---|---|---|
| | 08/10/2026 | F | Meet and Greet Event | ☐ Yes ☒ No |

| Location: Street Address | City | State | Zip Code |
|---|---|---|---|
| 339 Eastern St | New Haven | CT | 06513 |

| | | | |
|---|---|---|---|
| Was this event hosted at a personal residence? | ☐ Yes<br>☒ No | if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations. |
| Did this fundraiser include items donated by a business entity of up to $200 or items donated by an individual of up to $100? | ☐ Yes<br>☒ No | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information. |
| **Subpart 1:** Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to $100? | ☐ Yes<br>☒ No | (If yes, enter Total Receipts here.) $0.00 |

| | |
|---|---|
| **Total of Section J1** | $84.24 |

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

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| Bermudez for NH | 7th Day Preceding Primary - Original |

### 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<br>Business Entity<br>Sole Proprietorship | 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 |
|---|---|
| Bermudez for NH | 7th Day Preceding 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? | |
|---|---|---|
| David Weinrab | ☐ Yes ☒ No | If yes, complete Itemization in Addendum J4 |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 51 Perkins | New Haven | CT | 06513 |

| Description of Donation | | | Fair Market Value of Donation |
|---|---|---|---|
| refreshments | | | |
| **Event #** | **Aggregate value of this Event - all hosts** | **Aggregate value of all Events - this host/candidate** | |
| 08022026d | $84.24 | $84.24 | $84.24 |

| | |
|---|---|
| **Total of Section J4** | **$84.24** |

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

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| Bermudez for NH | 7th Day Preceding 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

If yes, list Event#

Description of In-Kind Contribution

Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes / No

Is contributor a principal of a state contractor or prospective state contractor? Yes / No

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

Fair Market Value of this Contribution

Type of Contributor: Individual / Committee / Sole Proprietorship

Date Received

Aggregate contributions

**Total of Section K**

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

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| Bermudez for NH | 7th Day Preceding 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 | Amount of Deposit

Name of Telephone company

Street Address | City | State | Zip Code

**Total of Section L**

## IV. EXPENDITURES (Sections N - S)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| Bermudez for NH | 7th Day Preceding Primary - Original |

### N. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| IDEAL Printing Company, INC. | 07/30/2026 | ☐ Check # ☒ Debit Card ☐ EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| PO Box 8488 | New Haven | CT | 06531 |

| Purpose of Expendit | Description | Amount |
|---|---|---|
| PRNT | walk cards | |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | Amount |
|---|---|---|---|
| ☐ Yes ☒ No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N | | | $691.28 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| IDEAL Printing Company, INC. | 07/30/2026 | ☐ Check # ☒ Debit Card ☐ EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| PO Box 8488 | New Haven | CT | 06531 |

| Purpose of Expendit | Description | Amount |
|---|---|---|
| A-SIGN | Lawn Signs | |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | Amount |
|---|---|---|---|
| ☐ Yes ☒ No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N | | | $1,244.30 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| CallHub | 07/31/2026 | ☐ Check # ☒ Debit Card ☐ EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 2093 Philadelphia Pike # 7468 | Claymont | DE | 19703 |

| Purpose of Expendit | Description | Amount |
|---|---|---|
| A-PH-BNK | SERVICE FOR phone banking, texting | |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | Amount |
|---|---|---|---|
| ☐ Yes ☒ No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N | | | $10.00 |

## IV. EXPENDITURES (Sections N - S)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| Bermudez for NH | 7th Day Preceding Primary - Original |

### N. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Walmart | 08/02/2026 | [ ] Check # [x] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 315 Foxon Blvd | New Haven | CT | 06513 |

| Purpose of Expendit | Description | Amount |
|---|---|---|
| FOOD | popcicles at endorsement event with the Mayor | $47.44 |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # |
|---|---|---|
| [ ] Yes [x] No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N | | 08022026E |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Iris Rodriguez | 08/02/2026 | [x] Check # 142 [ ] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 311 Eastern St Apt C401 , | New Haven | CT | 06513 |

| Purpose of Expendit | Description | Amount |
|---|---|---|
| WAGE | CANVASS | $160.00 |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # |
|---|---|---|
| [ ] Yes [x] No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N | | |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Alejandro Rojas | 08/02/2026 | [x] Check # 143 [ ] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 94 Carlisle St Apt 1 | New Haven | CT | 06519 |

| Purpose of Expendit | Description | Amount |
|---|---|---|
| WAGE | Canvass | $120.00 |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # |
|---|---|---|
| [ ] Yes [x] No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N | | |

## IV. EXPENDITURES (Sections N - S)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| Bermudez for NH | 7th Day Preceding Primary - Original |

### N. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Jayson Gonzales | 08/02/2026 | [X] Check # 144 [ ] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 94 Carlisle St Apt 1 | New Haven | CT | 06519 |

| Purpose of Expendit | Description | Amount |
|---|---|---|
| WAGE | Canvass | $180.00 |

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Alexander Rodriguez | 08/02/2026 | [X] Check # 145 [ ] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 98 Olive St Unit 210C | New Haven | CT | 06511 |

| Purpose of Expendit | Description | Amount |
|---|---|---|
| WAGE | Canvass | $260.00 |

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Laila Kelly-Walker | 08/02/2026 | [X] Check # 147 [ ] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 264 Lenox St Apt 2 | New Haven | CT | 06513 |

| Purpose of Expendit | Description | Amount |
|---|---|---|
| WAGE | Canvass | $260.00 |

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

## IV. EXPENDITURES (Sections N - S)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| Bermudez for NH | 7th Day Preceding Primary - Original |

### N. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Meta | 08/02/2026 | [ ] Check # [x] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 1 Meta Way | Menlo Park | CA | 94025 |

| Purpose of Expendit | Description | Amount |
|---|---|---|
| A-WEB | | |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | |
|---|---|---|---|
| [ ] Yes [x] No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N | | | $900.00 |

| Total of Section N | $3,873.02 |
|---|---|

## IV. EXPENDITURES (Sections N - S)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| Bermudez for NH | 7th Day Preceding Primary - Original |

### O. Expenses Paid By Candidate

| Name of Payee (Name of vendor who candidate paid directly) | Date of Payment | Is Reimbursement Claimed? Yes No |
|---|---|---|
| | | |

| Street Address | City | State | Zip Code | Amount |
|---|---|---|---|---|
| | | | | |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| | | |

| Total of Section O | |
|---|---|

## IV. EXPENDITURES (Sections N - S)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| Bermudez for NH | 7th Day Preceding 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<br>If yes, assign an Expenditure # and complete Itemization in Addendum P | Expenditure # (if applicable) | Event # |
|---|---|---|

| Total of Section P | |
|---|---|

## IV. EXPENDITURES (Sections N - S)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| Bermudez for NH | 7th Day Preceding Primary - Original |

### 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<br>If yes, assign an Expenditure # and completes Itemization in Addendum Q | Expenditure # (if applicable) | Event # |
|---|---|---|

| Total of Section Q | |
|---|---|

## IV. EXPENDITURES (Sections N - S)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| Bermudez for NH | 7th Day Preceding Primary - Original |

### R. Itemization of Reimbursements and Secondary Payees

| Last Name of Worker/Consultant | First | MI | Date of Payment to Vendor | Payment to Reimburse Committee Worker/Consultant as reported in Section N: |
|---|---|---|---|---|
| Bermudez | Wildaliz | | 08/02/2026 | [X] Check # 141<br>[ ] Debit Card<br>[ ] EFT |

Name of Vendor Paid by Committee Worker/Consultant: Bella Vista Community Fund

| Street Address of Vendor | City | State | Zip Code |
|---|---|---|---|
| 339 Eastern St | New Haven | CT | 06513 |

| Purpose of Expenditure (by code) | Description |
|---|---|
| RMB | Wildaliz paid to reserve a room at bella vista for a meet and greet on the 10th. this is to reimburse her for paying up front. |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | Amount |
|---|---|---|---|
| [X] Yes [ ] No<br>If yes, assign an Expenditure # and completes Itemization in Addendum R | 630624 | 08102026F | $250.00 |

| Total of Section R | $250.00 |
|---|---|

## IV. EXPENDITURES (Sectuibs N - S)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| Bermudez for NH | 7th Day Preceding 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 |
|---|---|
| Bermudez for NH | 7th Day Preceding Primary - Original |

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

| Expenditure # | Amount of Expenditure |
|---|---|
| **630624** | **$250.00** |

| Name of Candidate | Office Sought |
|---|---|
| Wildaliz Bermudez | State Representative |