



COVER PAGE

1. NAME OF COMMITTEE			2. TYPE OF COMMITTEE		
Inacio for State Rep			<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee		
3. TREASURER NAME					
First Annette	MI	Last Medero		Suffix	
4. TREASURER ADDRESS					
Street Address 18 Vernon St Apt Bsmt . #1	City Hartford	State CT	Zip Code 06016		
5. ELECTION DATE 06/04/2018	6. OFFICE SOUGHT (Complete only if Candidate Committee) State Representative			7. DISTRICT NUMBER (if applicable) R004	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Jessica	MI M	Last Inacio		Suffix	
9. TYPE OF REPORT					
Deficit Filing Following Special Election (Non Standard) - Amendment					
10. PERIOD COVERED					
Beginning Date		Ending Date			
05/27/2018		thru		06/25/2018	
11. CERTIFICATION					
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.					
Electronic Filing SIGNATURE	Annette Medero PRINT NAME OF THE SIGNER	07/06/2018 12:12:35AM 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	
Inacio for State Rep	Deficit Filing Following Special Election (Non Standard) - Amendment	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	-\$218.29	
14. Contributions received from Individuals (Section A and B)	\$0.00	\$4,865.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$7,450.09	\$7,450.15
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$7,450.09	\$12,315.15
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$7,231.80	\$12,315.15
20. Expenses Paid by Committee (Section N)	\$8,007.51	\$13,090.86
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	(\$775.71)	(\$775.71)
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	\$0.00	\$0.00
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)	\$1,200.00	\$1,200.00
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	\$1,200.00	
27. Campaign Expenses Paid By Candidate (Section O)	\$1,508.98	\$1,563.98
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)	\$8,278.72	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$8,278.72	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Inacio for State Rep		Deficit Filing Following Special Election (Non Standard) - Amendment	
A. Total Contributions from Small Contributors-Received this Period ONLY		For Nonparticipating Candidates ONLY	
B. Itemized Contributions from Individuals			
Last Name	First	MI	Contribution ID #
Residential Street Address	City	State	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	Yes No 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? If yes, list Event #	Yes No	Method of contribution: Cash Personal Check 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	
Inacio for State Rep		Deficit Filing Following Special Election (Non Standard) - Amendment	
C1. Contributions from Other Committees			
Name of Committee		Name of Treasurer	
Address	Is this contribution associated with an event reported in Section J1? 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	
Inacio for State Rep				Deficit Filing Following Special Election (Non Standard) - Amendment	
C2. Reimbursements or Surplus Distributions from other Committees					
Name of Committee			Name of Treasurer		
Address				Date Received	Amount of Receipt
City	State	Zip Code	Payment Type		
			Reimbursement for shared expense Surplus distribution from exploratory committee		
Expenditure #	Description				
Total of Section C2					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Inacio for State Rep				Deficit Filing Following Special Election (Non Standard) - Amendment	
D. Loans Received this Period					
Name of Lender		Source of Loan:			Date of Receipt
Jessica Inacio		<input type="checkbox"/> Bank <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other			06/15/2018
Street Address		City	State	Zip Code	Is there a cosigner or Guarantor of this loan?
1 Linden Pl		Hartford	CT		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address		City	State	Zip Code	
					\$1,200.00
Total of Section D					\$1,200.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE		TYPE OF REPORT	
Inacio for State Rep		Deficit Filing Following Special Election (Non Standard) - Amendment	
E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)			
Date of Receipt	Method of Payment		Amount
	Cash	Personal Check	Credit/Debit Card
Total of Section E			

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE		TYPE OF REPORT	
Inacio for State Rep		Deficit Filing Following Special Election (Non Standard) - Amendment	
G. Interest from Deposits in Authorized Accounts			
Name of Institution		Date Received	Amount
American Eagle Federal CU		05/31/2018	
Street Address	City	State	Zip Code
1245 New Britain Ave	West Hartford	CT	
Total of Section G			\$0.09

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE		TYPE OF REPORT	
Inacio for State Rep		Deficit Filing Following Special Election (Non Standard) - Amendment	
H. Public Grant Funds Received from the Citizens' Election Fund			
Purpose of Grant:		Grant Cycle:	Date Received
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Grant Adjustment <input type="checkbox"/> Supplemental/Post Election Deficit		<input type="checkbox"/> Primary <input type="checkbox"/> General Election <input checked="" type="checkbox"/> Special Election	
			05/30/2018
			\$6,250.00
Total of Section H			\$6,250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Inacio for State Rep				Deficit Filing Following Special Election (Non Standard) - Amendment	
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	
Inacio for State Rep				Deficit Filing Following Special Election (Non Standard) - Amendment	
J1. Event Information					
Event # Date of Event	Letter	Description	Was this a fundraising event? Yes No		
Location: Street Address			City	State	Zip Code
Was this event hosted at a personal residence?		Yes	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.		
		No			
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
		No			
Subpart 1:		Yes	(If yes, enter Total Receipts here.)		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		No			
Total of Section J1					

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Inacio for State Rep	Deficit Filing Following Special Election (Non Standard) - 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
Inacio for State Rep	Deficit Filing Following Special Election (Non Standard) - Amendment
J4. In-Kind Donations Not Considered Contributions Associated with a House Party	

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

Total of Section J4	
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III. NONMONETARY RECEIPTS (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Inacio for State Rep	Deficit Filing Following Special Election (Non Standard) - 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:	Fair Market Value of this Contribution
Type of Contributor:		Date Received	Aggregate contributions
Individual Committee Sole Proprietorship			
		Executive	Legislative

Total of Section K

III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Inacio for State Rep	Deficit Filing Following Special Election (Non Standard) - 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
Inacio for State Rep	Deficit Filing Following Special Election (Non Standard) - Amendment
N. Expenses Paid By Committee	

Name of Payee FASTSIGNS		Date of Payment 05/31/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1540D Pleasant Valley Rd		City Manchester	State CT	Zip Code
Purpose of Expend A-SIGN	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$544.04

Name of Payee Dunkin Donuts		Date of Payment 05/31/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 485 Main St		City Hartford	State CT	Zip Code
Purpose of Expend FOOD	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$8.80

Name of Payee Facebook		Date of Payment 05/31/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1 Hacker Way		City Menlo Park	State CA	Zip Code
Purpose of Expend A-WEB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$0.04

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Inacio for State Rep	Deficit Filing Following Special Election (Non Standard) - Amendment
N. Expenses Paid By Committee	

Name of Payee Facebook		Date of Payment 05/31/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1 Hacker Way		City Menlo Park	State CA	Zip Code
Purpose of Expend A-WEB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$112.63

Name of Payee Tiphani Swaby		Date of Payment 06/04/2018	Method of Payment <input checked="" type="checkbox"/> Check # 1072 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 23 Hartland St		City Hartford	State CT	Zip Code
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$512.00

Name of Payee Marie Cintron		Date of Payment 06/04/2018	Method of Payment <input checked="" type="checkbox"/> Check # 1014 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 217 Franklin Ave		City Hartford	State CT	Zip Code
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$150.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Inacio for State Rep	Deficit Filing Following Special Election (Non Standard) - Amendment
N. Expenses Paid By Committee	

Name of Payee Guy Clements		Date of Payment 06/04/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1015</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 41 Ocean Ave		City New London	State CT	Zip Code
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$200.00

Name of Payee Eddie Crespo		Date of Payment 06/04/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1016</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 777 Main St		City Hartford	State CT	Zip Code
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$400.00

Name of Payee Celestino Jimenez		Date of Payment 06/04/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1017</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 162 Putnam St		City Hartford	State CT	Zip Code
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$150.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Inacio for State Rep	Deficit Filing Following Special Election (Non Standard) - Amendment
N. Expenses Paid By Committee	

Name of Payee William Connelly		Date of Payment 06/04/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1018</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 18 Vernon St		City Hartford	State CT	Zip Code
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$150.00

Name of Payee Sadoc Ramos		Date of Payment 06/04/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1019</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 81 Glendale Rd		City Hartford	State CT	Zip Code
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$150.00

Name of Payee Lezana Ramos		Date of Payment 06/04/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1020</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 29 Clermont St		City Hartford	State CT	Zip Code
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$150.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Inacio for State Rep	Deficit Filing Following Special Election (Non Standard) - Amendment
N. Expenses Paid By Committee	

Name of Payee Hector Medina		Date of Payment 06/04/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1021</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Babcock St		City Hartford	State CT	Zip Code
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$150.00

Name of Payee Joseph Rivera		Date of Payment 06/04/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1022</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 45 Allen Pl # A8		City Hartford	State CT	Zip Code
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$150.00

Name of Payee Victor Vazquez		Date of Payment 06/04/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1023</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2 Douglas St		City Hartford	State CT	Zip Code
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$150.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Inacio for State Rep	Deficit Filing Following Special Election (Non Standard) - Amendment
N. Expenses Paid By Committee	

Name of Payee Carmen Vazquez	Date of Payment 06/04/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1024</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 42 Vernon St	City Hartford	State CT	Zip Code
Purpose of Expend WAGE	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$150.00

Name of Payee Hipolito Cotto	Date of Payment 06/04/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1025</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 42 Vernon St	City Hartford	State CT	Zip Code
Purpose of Expend WAGE	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$150.00

Name of Payee Shelize Hernandez	Date of Payment 06/04/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1046</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 217 Franklin Ave	City Hartford	State CT	Zip Code
Purpose of Expend WAGE	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$150.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Inacio for State Rep	Deficit Filing Following Special Election (Non Standard) - Amendment
N. Expenses Paid By Committee	

Name of Payee Joralemar Hernandez		Date of Payment 06/04/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1045</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 123 Hillcrest Ave		City Hartford	State CT	Zip Code
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$150.00

Name of Payee Rodolfo Rodriguez		Date of Payment 06/04/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1051</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 98 Follybrook Blvd		City Wethersfield	State CT	Zip Code
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$150.00

Name of Payee Keith McKay		Date of Payment 06/04/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1029</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 81 Litchfield St		City Hartford	State CT	Zip Code
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$150.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Inacio for State Rep	Deficit Filing Following Special Election (Non Standard) - Amendment
N. Expenses Paid By Committee	

Name of Payee Ellen Jackson-McLeggon		Date of Payment 06/04/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1031</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 283 Prospect St		City East Hartford	State CT	Zip Code
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$200.00

Name of Payee Eddie Crespo		Date of Payment 06/04/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1032</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 777 Main St		City Hartford	State CT	Zip Code
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$150.00

Name of Payee Tiphani Swaby		Date of Payment 06/04/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1033</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 23 Hartland St		City Hartford	State CT	Zip Code
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$150.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Inacio for State Rep	Deficit Filing Following Special Election (Non Standard) - Amendment
N. Expenses Paid By Committee	

Name of Payee Baltazar Crespo		Date of Payment 06/04/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1034</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 446 Main St # 212		City Hartford	State CT	Zip Code
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$150.00

Name of Payee Asiah Stewart		Date of Payment 06/04/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1035</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 261 Palm St		City Hartford	State CT	Zip Code
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$150.00

Name of Payee Jaileene Arriaga		Date of Payment 06/04/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1036</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 15 Sisson Ave		City Hartford	State CT	Zip Code
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$150.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Inacio for State Rep	Deficit Filing Following Special Election (Non Standard) - Amendment
N. Expenses Paid By Committee	

Name of Payee Geraldo Rivera		Date of Payment 06/04/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1037</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 331 Hillside Ave		City Hartford	State CT	Zip Code
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$200.00

Name of Payee Yesenia Garcia		Date of Payment 06/04/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1038</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 22 Elliott St # 225		City Hartford	State CT	Zip Code
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$150.00

Name of Payee Sadoc Ramos		Date of Payment 06/04/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1039</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 81 Glendale Rd		City Hartford	State CT	Zip Code
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$400.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Inacio for State Rep	Deficit Filing Following Special Election (Non Standard) - Amendment
N. Expenses Paid By Committee	

Name of Payee Jaileene Arriaga		Date of Payment 06/04/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1040</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 15 Sisson Ave		City Hartford	State CT	Zip Code
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$500.00

Name of Payee Tiphani Swaby		Date of Payment 06/04/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1041</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 23 Hartland St		City Hartford	State CT	Zip Code
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$500.00

Name of Payee Asiah Stewart		Date of Payment 06/04/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1042</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 261 Palm St		City Hartford	State CT	Zip Code
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$500.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Inacio for State Rep	Deficit Filing Following Special Election (Non Standard) - Amendment
N. Expenses Paid By Committee	

Name of Payee Baltazar Crespo		Date of Payment 06/04/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1043</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 446 Main St # 212		City Hartford	State CT	Zip Code
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$500.00

Name of Payee Yesenia Garcia		Date of Payment 06/04/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1044</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 22 Elliott St # 225		City Hartford	State CT	Zip Code
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$250.00

Name of Payee LaJanice Smoakes		Date of Payment 06/04/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1049</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 194 Washington St # 401		City Hartford	State CT	Zip Code
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$150.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Inacio for State Rep	Deficit Filing Following Special Election (Non Standard) - Amendment
N. Expenses Paid By Committee	

Name of Payee Erica Perez	Date of Payment 06/04/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>150</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 194 Washington St	City Hartford	State CT	Zip Code
Purpose of Expend WAGE	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$150.00

Name of Payee Tineya Thomas	Date of Payment 06/04/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1051</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 251005	City Hartford	State CT	Zip Code
Purpose of Expend WAGE	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$150.00

Name of Payee Hipolito Cotto	Date of Payment 06/04/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1048</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 42 Vernon St	City Hartford	State CT	Zip Code
Purpose of Expend TRVL	Description gas reimbursement		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$20.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Inacio for State Rep	Deficit Filing Following Special Election (Non Standard) - Amendment
N. Expenses Paid By Committee	

Name of Payee American Eagle Federal Credit Union		Date of Payment 06/08/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1245 New Britain Ave		City West Hartford	State CT	Zip Code
Purpose of Expend BNK	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$35.00

Name of Payee American Eagle Federal Credit Union		Date of Payment 06/11/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1245 New Britain Ave		City West Hartford	State CT	Zip Code
Purpose of Expend BNK	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$35.00

Name of Payee American Eagle Federal Credit Union		Date of Payment 06/11/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1245 New Britain Ave		City West Hartford	State CT	Zip Code
Purpose of Expend BNK	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$35.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Inacio for State Rep	Deficit Filing Following Special Election (Non Standard) - Amendment
N. Expenses Paid By Committee	

Name of Payee American Eagle Federal Credit Union		Date of Payment 06/11/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1245 New Britain Ave		City West Hartford	State CT	Zip Code
Purpose of Expend BNK	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$35.00

Name of Payee American Eagle Federal Credit Union		Date of Payment 06/11/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1245 New Britain Ave		City West Hartford	State CT	Zip Code
Purpose of Expend BNK	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$35.00

Name of Payee American Eagle Federal Credit Union		Date of Payment 06/11/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1245 New Britain Ave		City West Hartford	State CT	Zip Code
Purpose of Expend BNK	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$35.00

Total of Section N

\$8,007.51

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Inacio for State Rep	Deficit Filing Following Special Election (Non Standard) - Amendment

O. Expenses Paid By Candidate

Name of Payee (Name of vendor who candidate paid directly)			Date of Payment		Is Reimbursement Claimed?	
Artwurks Unlimited			05/31/2018		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City	State	Zip Code		
423 Main St		Hartford	CT			
Purpose of Expenditure (by code)	Description		Event #		Amount \$409.45	
A-OTH	Tshirts					
Name of Payee (Name of vendor who candidate paid directly)			Date of Payment		Is Reimbursement Claimed?	
Sign Design & Banner			05/31/2018		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City	State	Zip Code		
1325 Main St # 2		Hartford	CT			
Purpose of Expenditure (by code)	Description		Event #		Amount \$336.61	
A-OTH						
Name of Payee (Name of vendor who candidate paid directly)			Date of Payment		Is Reimbursement Claimed?	
Enterprise			06/01/2018		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City	State	Zip Code		
62 Buckland St		Manchester	CT			
Purpose of Expenditure (by code)	Description		Event #		Amount \$91.40	
TRVL	Truck for PR parade					
Name of Payee (Name of vendor who candidate paid directly)			Date of Payment		Is Reimbursement Claimed?	
FASTSIGNS			06/04/2018		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City	State	Zip Code		
1540D Pleasant Valley Rd		Manchester	CT			
Purpose of Expenditure (by code)	Description		Event #		Amount \$134.00	
A-SIGN	balance of lawn signs and banner					

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Inacio for State Rep	Deficit Filing Following Special Election (Non Standard) - Amendment

O. Expenses Paid By Candidate

Name of Payee (Name of vendor who candidate paid directly)		Date of Payment		Is Reimbursement Claimed?	
Corner Grinder		06/04/2018		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City	State	Zip Code	
200 Franklin Ave		Hartford	CT		
Purpose of Expenditure (by code)	Description		Event #		
FOOD					
					Amount
					\$266.41
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment		Is Reimbursement Claimed?	
Walmart		06/04/2018		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City	State	Zip Code	
495 Flatbush Ave		Hartford	CT		
Purpose of Expenditure (by code)	Description		Event #		
Misc *	canopy tent for rain				
					Amount
					\$99.97
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment		Is Reimbursement Claimed?	
Walmart		06/04/2018		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City	State	Zip Code	
420 Buckland Hills Dr		Manchester	CT		
Purpose of Expenditure (by code)	Description		Event #		
FOOD					
					Amount
					\$54.03
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment		Is Reimbursement Claimed?	
Walmart		06/04/2018		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City	State	Zip Code	
495 Flatbush Ave		Hartford	CT		
Purpose of Expenditure (by code)	Description		Event #		
Misc *	ponchos and umbrellas				
					Amount
					\$78.51

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Inacio for State Rep	Deficit Filing Following Special Election (Non Standard) - Amendment

O. Expenses Paid By Candidate

Name of Payee (Name of vendor who candidate paid directly)		Date of Payment		Is Reimbursement Claimed?	
Hartford's Pizza		06/04/2018		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City	State	Zip Code	
161 Franklin Ave		Hartford	CT		
Purpose of Expenditure (by code)	Description		Event #		Amount
FOOD					
				\$20.00	
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment		Is Reimbursement Claimed?	
Dunkin Donuts		06/04/2018		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City	State	Zip Code	
265 Washington St		Hartford	CT		
Purpose of Expenditure (by code)	Description		Event #		Amount
FOOD					
				\$18.60	
Total of Section O					\$1,508.98

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Inacio for State Rep	Deficit Filing Following Special Election (Non Standard) - Amendment

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

Name of Creditor DeVaughn Ward		Date Incurred 06/04/2018	
Street Address 1 Linden Pl		City Hartford	State CT
Purpose of Expenditure (by code) WAGE	Description campaign manager wages		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			\$7,000.00

Name of Creditor Annette Medero		Date Incurred 06/04/2018	
Street Address 24 Vernon St		City Hartford	State CT
Purpose of Expenditure (by code) WAGE	Description Treasurer wages		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			\$1,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Inacio for State Rep		Deficit Filing Following Special Election (Non Standard) - Amendment	
Q. Expenses Incurred By Committee but Not Paid During this Period			
Name of Creditor DeVaughn Ward		Date Incurred 06/04/2018	
Street Address 1 Linden Pl	City Hartford	State CT	Zip Code
Purpose of Expenditure (bv code) A-WEB	Description Facebook promotion	Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, assign an Expenditure # and completes Itemization in Addendum Q			\$278.72
Total of Section Q			\$8,278.72

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Inacio for State Rep	Deficit Filing Following Special Election (Non Standard) - 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					
Total of Section R					

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Inacio for State Rep	Deficit Filing Following Special Election (Non Standard) - Amendment

S. Surplus Distribution of Equipment and Furniture

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

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

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

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

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

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