



COVER PAGE

| | | | | | |
|---|--------------------|--|---|-------------------------------------|--|
| 1. NAME OF COMMITTEE | | | 2. TYPE OF COMMITTEE | | |
| EVA for CT | | | <input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee | | |
| 3. TREASURER NAME | | | | | |
| First Christian | MI E | Last Soto | | Suffix | |
| 4. TREASURER ADDRESS | | | | | |
| Street Address 18 Crouch St | City New London | | State CT | Zip Code 06320 | |
| 5. ELECTION DATE | | 6. OFFICE SOUGHT (Complete only if Candidate Committee) | | 7. DISTRICT NUMBER (if applicable) | |
| 11/06/2018 | | Lieutenant Governor | | | |
| 8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee) | | | | | |
| First Eva | MI | Last Bermudez Zimmerman | | Suffix | |
| 9. TYPE OF REPORT | | | | | |
| Final Weekly Supplemental Filing Primary - Original | | | | | |
| 10. PERIOD COVERED | | | | | |
| | | Beginning Date | | Ending Date | |
| | | 08/01/2018 | thru | 08/07/2018 | |
| 11. CERTIFICATION | | | | | |
| <input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. | | | | | |
| Electronic Filing | | Donna Mandulak | | 08/09/2018 8:12:47PM | |
| SIGNATURE | | PRINT NAME OF THE SIGNER | | DATE CERTIFIED | |
| <p>A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.</p> | | | | | |

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

SUMMARY PAGE TOTALS

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT | |
|--|---|-----------------------|
| EVA for CT | Final Weekly Supplemental Filing Primary - Original | |
| | COLUMN A This Period | COLUMN B Aggregate |
| 12. Balance on hand from day Committee was formed | | \$0.00 |
| 13. Balance on hand at the beginning of Reporting Period | \$326,836.86 | |
| 14. Contributions received from Individuals (Section A and B) | \$0.00 | \$65,278.42 |
| 15. Receipts from Other Committees (Sections C1 and C2) | \$0.00 | \$40.16 |
| 16. Other Monetary Receipts (Section D through I) | \$3,000.00 | \$409,275.02 |
| 17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1) | \$0.00 | \$0.00 |
| 18. Total Monetary Receipts (add totals for lines 14 through 17) | \$3,000.00 | \$474,593.60 |
| 19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B) | \$329,836.86 | \$474,593.60 |
| 20. Expenses Paid by Committee (Section N) | \$115,032.51 | \$259,789.25 |
| 21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col) | \$214,804.35 | \$214,804.35 |
| 22. In-Kind Donations not Considered Contributions Received (Section J3) | \$0.00 | \$0.00 |
| 23. In-Kind Donations not Considered Contributions - House Party (Section J4) | \$0.00 | \$2,159.16 |
| 24. In-Kind Contributions Received (Section K) | \$0.00 | \$0.00 |
| 25. Refundable Deposit to Telephone Company (Section L) | \$0.00 | \$0.00 |
| 26. Beginning Loan Balance | \$0.00 | |
| 26a. + Loans Received (Section D) | \$0.00 | \$0.00 |
| 26b. + Interest and Penalties on Loan(s) | \$0.00 | \$0.00 |
| 26c. - Payments on Loan(s) | \$0.00 | \$0.00 |
| 26d. Total Outstanding Loan Amount | \$0.00 | |
| 27. Campaign Expenses Paid By Candidate (Section O) | \$0.00 | \$1,771.48 |
| 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) | \$4,000.00 | |
| 29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q) | \$12,610.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | | | | | |
|--|-------------|----------|---|---|-------------------|
| NAME OF COMMITTEE | | | | TYPE OF REPORT | |
| EVA for CT | | | | Final Weekly Supplemental Filing Primary - Original | |
| C2. Reimbursements or Surplus Distributions from other Committees | | | | | |
| Name of Committee | | | Name of Treasurer | | |
| Address | | | | Date Received | Amount of Receipt |
| City | State | Zip Code | Payment Type Reimbursement for shared expense Surplus distribution from exploratory committee | | |
| Expenditure # | Description | | | | |
| Total of Section C2 | | | | | |

I. MONETARY RECEIPTS (Section A-I)

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

I. MONETARY RECEIPTS (Section A-I)

| | | | |
|--|-------------------|---|-------------------|
| NAME OF COMMITTEE | | TYPE OF REPORT | |
| EVA for CT | | Final Weekly Supplemental Filing Primary - Original | |
| E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY) | | | |
| Date of Receipt | Method of Payment | | Amount |
| | Cash | Personal Check | Credit/Debit Card |
| Total of Section E | | | |

I. Monetary Receipts (Section A-I)

| | | | |
|---|------|---|----------|
| NAME OF COMMITTEE | | TYPE OF REPORT | |
| EVA for CT | | Final Weekly Supplemental Filing Primary - Original | |
| G. Interest from Deposits in Authorized Accounts | | | |
| Name of Institution | | Date Received | Amount |
| Street Address | City | State | Zip Code |
| Total of Section G | | | |

I. MONETARY RECEIPTS (Section A-I)

| | | | |
|--|------------------|---|------------------|
| NAME OF COMMITTEE | | TYPE OF REPORT | |
| EVA for CT | | Final Weekly Supplemental Filing Primary - Original | |
| H. Public Grant Funds Received from the Citizens' Election Fund | | | |
| Purpose of Grant: | | Grant Cycle: | Date Received |
| Initial | Grant Adjustment | Primary | General Election |
| Supplemental/Post Election Deficit | | Special Election | |
| Total of Section H | | | |

I. MONETARY RECEIPTS (Section A-I)

| | | | | | |
|---|--|-----------------------|-----------------------------------|---|---------------------------------------|
| NAME OF COMMITTEE | | | | TYPE OF REPORT | |
| EVA for CT | | | | Final Weekly Supplemental Filing Primary - Original | |
| I. Miscellaneous Monetary Receipts not Considered Contributions | | | | | |
| Name Becker Digital Strategies | | | Date of Transaction 08/01/2018 | | Amount Received \$1,000.00 |
| Street Address 1400 E West Hwy # 502 | | City Silver Spring | State MD | Zip Code 20910 | |
| Description Refund for pmt made 6/23/18 - debit transaction original code in ECRIS - A-WEB | | | | | |
| Name Beth Ann Becker - Becker Digital Strategies | | | Date of Transaction 08/01/2018 | | Amount Received \$2,000.00 |
| Street Address 1400 E West Hwy # 502 | | City Silver Spring | State MD | Zip Code 20910 | |
| Description Refund for pmt made 6/26/18 - debit transaction original code in ECRIS - A-WEB | | | | | |
| Total of Section I | | | | | \$3,000.00 |

II. EVENT ACTIVITY (Sections J1 - J4)

| | | | | | |
|---|-------------|--|---|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | | TYPE OF REPORT | |
| EVA for CT | | | | Final Weekly Supplemental Filing Primary - Original | |
| J1. Event Information | | | | | |
| Event # Date of Event 08/06/2018 | Letter A | Description Meet and Greet Event | | | Was this a fundraising event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Location: Street Address 17 R East Granby Rd | | | City Granby | State CT | Zip Code 06035 |
| Was this event hosted at a personal residence? | | <input type="checkbox"/> 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. | | |
| | | <input checked="" type="checkbox"/> 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? | | <input type="checkbox"/> Yes | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information. | | |
| | | <input checked="" type="checkbox"/> No | | | |
| Subpart 1: | | <input type="checkbox"/> Yes | (If yes, enter Total Receipts here.) | | \$0.00 |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? | | <input checked="" type="checkbox"/> No | | | |
| Total of Section J1 | | | | | \$0.00 |

II. EVENT ACTIVITY (Sections J1 - J4)

| | |
|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| EVA for CT | Final Weekly Supplemental Filing 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 | | | |
| Business Entity | Date Received | Event # | Aggregate value for this event |
| 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 |
| EVA for CT | Final Weekly Supplemental Filing Primary - Original |

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

| | | | |
|-------------------------|---|---|----------|
| Name of Host | Is this event supporting more than one candidate? Yes No If yes, complete Itemization in Addendum J4 | | |
| 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 |
| EVA for CT | Final Weekly Supplemental Filing Primary - Original |

K. In-Kind Contributions

| | | | |
|---|-----------|--|--------------------------------------|
| Name | | | |
| Street Address | | City | State Zip Code |
| Is this contribution associated with an event reported in Section J1? | Yes No | Description of In-Kind Contribution | |
| If yes, list Event# | | | |
| Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? | Yes No | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | Yes No Executive Legislative |
| Type of Contributor: | | Date Received | Aggregate contributions |
| Individual Committee Sole Proprietorship | | | |
| Total of Section K | | | |

III. Non Monetary Receipts (Sections K - L)

| | |
|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| EVA for CT | Final Weekly Supplemental Filing Primary - Original |

L. Refundable Deposit to Telephone Company

| | | | |
|----------------------------|------------|-------|-------------------|
| Last Name of Individual | First Name | MI | Date Deposit Made |
| Residential Street Address | City | State | Zip Code |
| Name of Telephone company | | | |
| Street Address | City | State | Zip Code |
| Total of Section L | | | Amount of Deposit |

IV. EXPENDITURES (Sections N - S)

| | |
|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| EVA for CT | Final Weekly Supplemental Filing Primary - Original |
| N. Expenses Paid By Committee | |

| | | | | |
|---|---|--|---|-------------------|
| Name of Payee Harland Clarke | | Date of Payment 08/01/2018 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 15955 La Cantera Pkwy | | City San Antonio | State TX | Zip Code 78256 |
| Purpose of Expend OFFICE | Description Checks for bank account - Quantity 100 | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$28.00 |

| | | | | |
|---|---|--|---|-------------------|
| Name of Payee Google LLC | | Date of Payment 08/02/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 1600 Amphitheatre Pkwy | | City Mountain View | State CA | Zip Code 94043 |
| Purpose of Expend Misc * | Description Gsuite - evaforct.com - emails for campaign team staff | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$34.66 |

| | | | | |
|---|---|--|---|-------------------|
| Name of Payee Crystal Sherrison LLC | | Date of Payment 08/04/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>1117</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 330 Main St Fl 1 | | City Hartford | State CT | Zip Code 06106 |
| Purpose of Expend OVHD | Description Office rental 330 Main Street Hartford | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$500.00 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| EVA for CT | Final Weekly Supplemental Filing Primary - Original |
| N. Expenses Paid By Committee | |

| | | | | |
|---|--|----------------------------------|---|------------------------|
| Name of Payee Crystal Sherrison LLC | | Date of Payment 08/04/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>1118</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 330 Main St Fl 1 | | City Hartford | State CT | Zip Code 06106 |
| Purpose of Expend OVHD | Description Office security deposit 700 Main Street Willimantic | | | Amount \$500.00 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | |

| | | | | |
|---|--|----------------------------------|---|------------------------|
| Name of Payee Yoney Realty Corp | | Date of Payment 08/04/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>1119</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 679 Lindley St | | City Bridgeport | State CT | Zip Code 06606 |
| Purpose of Expend OVHD | Description Office rental 679 Lindley St Bridgeport | | | Amount \$500.00 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | |

| | | | | |
|---|-------------------------------------|----------------------------------|---|------------------------|
| Name of Payee Facebook, Inc | | Date of Payment 08/06/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 1601 Willow Rd | | City Menio Park | State CA | Zip Code 94025 |
| Purpose of Expend A-WEB | Description Facebook advertising | | | Amount \$690.62 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | |

IV. EXPENDITURES (Sections N - S)

| | |
|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| EVA for CT | Final Weekly Supplemental Filing Primary - Original |
| N. Expenses Paid By Committee | |

| | | | | |
|---|-------------------------------------|--|---|------------------------|
| Name of Payee Facebook, Inc | | Date of Payment 08/06/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 1601 Willow Rd | | City Menio Park | State CA | Zip Code 94025 |
| Purpose of Expend Misc * | Description Facebook advertising | | | Amount \$738.13 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | |

| | | | | |
|---|---------------------------------------|--|---|-----------------------|
| Name of Payee Staples | | Date of Payment 08/06/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 292 US Route 1 | | City New London | State CT | Zip Code 06320 |
| Purpose of Expend OFFICE | Description Ink cartridges & paper | | | Amount \$57.40 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | |

| | | | | |
|---|---|--|---|-----------------------|
| Name of Payee Newtown Savings Bank | | Date of Payment 08/06/2018 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 32 Church Hill Rd | | City Newtown | State CT | Zip Code 06470 |
| Purpose of Expend BNK | Description wire transfer fee - wire sent 08/06/18 to The Latino Way | | | Amount \$30.00 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | |

IV. EXPENDITURES (Sections N - S)

| | |
|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| EVA for CT | Final Weekly Supplemental Filing Primary - Original |
| N. Expenses Paid By Committee | |

| | | | | |
|---|---|--|---|-------------------|
| Name of Payee The Latino Way LLC | | Date of Payment 08/06/2018 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 330 Main St Fl 3 | | City Hartford | State CT | Zip Code 06106 |
| Purpose of Expend A-TV | Description Advertise on TV - Invoice #370 | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$5,970.00 |

| | | | | |
|---|--|--|---|-------------------|
| Name of Payee Facebook, Inc | | Date of Payment 08/06/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 1601 Willow Rd | | City Menio Park | State CA | Zip Code 94025 |
| Purpose of Expend A-WEB | Description Facebook advertising 08/03 - 08/04/18 | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$11.87 |

| | | | | |
|---|-------------------------------------|--|---|-------------------|
| Name of Payee Facebook, Inc | | Date of Payment 08/06/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 1601 Willow Rd | | City Menio Park | State CA | Zip Code 94025 |
| Purpose of Expend A-WEB | Description Facebook advertising | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$59.38 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| EVA for CT | Final Weekly Supplemental Filing Primary - Original |
| N. Expenses Paid By Committee | |

| | | | | |
|---|--------------------------------------|--|---|------------------------|
| Name of Payee The Barn | | Date of Payment 08/06/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 17 R East Granby Rd | | City Granby | State CT | Zip Code 06035 |
| Purpose of Expend FOOD | Description Food for meet & greet | | | Amount \$265.88 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | |

| | | | | |
|---|---|--|---|------------------------|
| Name of Payee Enterprise Rental Car | | Date of Payment 08/06/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 275 S Main St | | City New Britain | State CT | Zip Code 06051 |
| Purpose of Expend TRVL | Description rental car - needed larger vehicle to transport campaign staff & candidate | | | Amount \$391.75 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | |

| | | | | |
|---|---|--|---|------------------------|
| Name of Payee Staples | | Date of Payment 08/06/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 1145 N Colony Rd | | City Wallingford | State CT | Zip Code 06492 |
| Purpose of Expend EFV * | Description HP X7T64UA 11.6" Chromebook - Laptop | | | Amount \$191.42 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | |

IV. EXPENDITURES (Sections N - S)

| | |
|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| EVA for CT | Final Weekly Supplemental Filing Primary - Original |
| N. Expenses Paid By Committee | |

| | | | | |
|---|--|--|---|---|
| Name of Payee Staples | | Date of Payment 08/07/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 3174 Berlin Tpke | | City Newington | State CT | Zip Code 06111 |
| Purpose of Expend EFV * | Description HP X7T64UA 11.6" chromebook - laptop | | | Amount \$574.26 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | |

| | | | | |
|---|--|--|---|--|
| Name of Payee Facebook, Inc | | Date of Payment 08/07/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 1601 Willow Rd | | City Menio Park | State CA | Zip Code 94025 |
| Purpose of Expend A-WEB | Description Facebook advertising | | | Amount \$37.12 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | |

| | | | | |
|---|--|--|---|---|
| Name of Payee Facebook, Inc | | Date of Payment 08/07/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 1601 Willow Rd | | City Menio Park | State CA | Zip Code 94025 |
| Purpose of Expend A-WEB | Description Facebook advertising | | | Amount \$712.88 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | |

IV. EXPENDITURES (Sections N - S)

| | |
|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| EVA for CT | Final Weekly Supplemental Filing Primary - Original |
| N. Expenses Paid By Committee | |

| | | | | |
|---|---|----------------------------------|---|------------------------|
| Name of Payee Simplified Impact | | Date of Payment 08/07/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address C/o Ana Raynes 21 Orchard Ave | | City Narragansett | State RI | Zip Code 02882 |
| Purpose of Expend A-WEB | Description Web design - wordpress website - final pmt | | | Amount \$900.00 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | |

| | | | | |
|---|---|----------------------------------|---|--------------------------|
| Name of Payee Alicia Janelle | | Date of Payment 08/07/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>1121</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 19 Taunton St | | City Southington | State CT | Zip Code 06489 |
| Purpose of Expend WAGE | Description Driver for week end Aug 5 2018 | | | Amount \$1,297.50 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | |

| | | | | |
|---|---|----------------------------------|---|------------------------|
| Name of Payee DePaolo, Clinton | | Date of Payment 08/07/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>1122</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 39 Buttonball Dr | | City Sandy Hook | State CT | Zip Code 06482 |
| Purpose of Expend WAGE | Description wage for week end 08/05/18 | | | Amount \$450.00 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | |

IV. EXPENDITURES (Sections N - S)

| | |
|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| EVA for CT | Final Weekly Supplemental Filing Primary - Original |
| N. Expenses Paid By Committee | |

| | | | |
|---|--|---|-------------------|
| Name of Payee CCM & Co | Date of Payment 08/07/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>1123</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 1022 Boulevard # 329 | City West Hartford | State CT | Zip Code 06119 |
| Purpose of Expend A-DM | Description Mailer - Invoice # 18592 | Amount | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | \$6,127.32 |

| | | | |
|---|--|---|-------------------|
| Name of Payee CCM & Co | Date of Payment 08/07/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>1123</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 1022 Boulevard # 329 | City West Hartford | State CT | Zip Code 06119 |
| Purpose of Expend POST | Description postage for mailer - Invoice # 18592 | Amount | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | \$3,840.98 |

| | | | |
|---|--|---|-------------------|
| Name of Payee CCM & Co | Date of Payment 08/07/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>1123</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 1022 Boulevard # 329 | City West Hartford | State CT | Zip Code 06119 |
| Purpose of Expend A-OTH | Description Flyers, rally signs, walkcards -inv # 18584 | Amount | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | \$12,203.67 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| EVA for CT | Final Weekly Supplemental Filing Primary - Original |
| N. Expenses Paid By Committee | |

| | | | | |
|---|--|--|---|-------------------|
| Name of Payee CCM & Co | | Date of Payment 08/07/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>1123</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 1022 Boulevard # 329 | | City West Hartford | State CT | Zip Code 06119 |
| Purpose of Expend A-SIGN | Description lawnsigns - inv # 18584 | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$5,934.33 |

| | | | | |
|---|-------------------------------------|--|---|-------------------|
| Name of Payee CCM & Co | | Date of Payment 08/07/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>1123</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 1022 Boulevard # 329 | | City West Hartford | State CT | Zip Code 06119 |
| Purpose of Expend A-DM | Description mailer - inv # 18584 | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$21,167.90 |

| | | | | |
|---|---|--|---|-------------------|
| Name of Payee CCM & Co | | Date of Payment 08/07/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>1123</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 1022 Boulevard # 329 | | City West Hartford | State CT | Zip Code 06119 |
| Purpose of Expend POST | Description postage mailer - inv # 18584 | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$18,200.00 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| EVA for CT | Final Weekly Supplemental Filing Primary - Original |
| N. Expenses Paid By Committee | |

| | | | | |
|---|---------------------------------------|--|---|-------------------|
| Name of Payee Diane Bullock | | Date of Payment 08/07/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>1124</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 16 Weekepeemee Rd | | City Woodbury | State CT | Zip Code 06798 |
| Purpose of Expend WAGE | Description wage week end 08/05/18 | | Amount | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$1,250.00 |

| | | | | |
|---|-------------------------------------|--|---|-------------------|
| Name of Payee Jennine Lupo | | Date of Payment 08/07/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>1125</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 109 E Chestnut Hill Rd | | City Litchfield | State CT | Zip Code 06759 |
| Purpose of Expend WAGE | Description wage week end 8/5/18 | | Amount | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$840.00 |

| | | | | |
|---|---|--|---|-------------------|
| Name of Payee Diana Martinez | | Date of Payment 08/07/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>1126</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 39 W Main St | | City Meriden | State CT | Zip Code 06451 |
| Purpose of Expend WAGE | Description wage for week end 08/05/18 | | Amount | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$750.00 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| EVA for CT | Final Weekly Supplemental Filing Primary - Original |
| N. Expenses Paid By Committee | |

| | | | | |
|---|--|----------------------------------|---|-------------------|
| Name of Payee Jeremy Murray | | Date of Payment 08/07/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>1127</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 48 Mortimer St SE | | City Atlanta | State GA | Zip Code 30317 |
| Purpose of Expend WAGE | Description wage for 08/01 - 08/07/18 | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | \$2,060.00 |

| | | | | |
|---|---|----------------------------------|---|-------------------|
| Name of Payee Marisa Lindsey | | Date of Payment 08/07/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>1128</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 112 Thistle Pond Dr | | City Bloomfield | State CT | Zip Code 06002 |
| Purpose of Expend WAGE | Description wage for week end 08/06/18 | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | \$750.00 |

| | | | | |
|---|--|----------------------------------|---|-------------------|
| Name of Payee Metro Square, LLC | | Date of Payment 08/07/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>1129</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 71 Newtown Rd Ste 130 | | City Danbury | State CT | Zip Code 06810 |
| Purpose of Expend WAGE | Description Communications, Media Relations \$14500.00 for 07/14 - 08/14/18 | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | \$14,750.00 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| EVA for CT | Final Weekly Supplemental Filing Primary - Original |
| N. Expenses Paid By Committee | |

| | | | | |
|---|---|--|---|------------------------|
| Name of Payee Nick Fulchino | | Date of Payment 08/07/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>1130</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 283 Orchard Hill Rd | | City Pomfret Center | State CT | Zip Code 06259 |
| Purpose of Expend WAGE | Description wage for week end 08/05/18 | | | Amount \$750.00 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | |

| | | | | |
|---|---|--|---|--------------------------|
| Name of Payee Nika Milbrun | | Date of Payment 08/07/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>1131</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 31 Raymond St | | City Stamford | State CT | Zip Code 06902 |
| Purpose of Expend WAGE | Description wage for week end 08/06/18 | | | Amount \$1,000.00 |
| 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 Unifocus LLC dba Revisionist | | Date of Payment 08/07/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>1132</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 233 Pearl St Unit 16 | | City Hartford | State CT | Zip Code 06103 |
| Purpose of Expend A-OTH | Description Video project | | | Amount \$724.00 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | |

IV. EXPENDITURES (Sections N - S)

| | |
|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| EVA for CT | Final Weekly Supplemental Filing Primary - Original |
| N. Expenses Paid By Committee | |

| | | | | |
|---|---|--|---|-------------------|
| Name of Payee Tim Wilson | | Date of Payment 08/07/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>1133</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 66 Weston Rd | | City Westport | State CT | Zip Code 06880 |
| Purpose of Expend Misc * | Description Musician at meet and greet on 07/28/2018 | | | 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 # |
| | | | | \$125.00 |

| | | | | |
|---|---|--|---|-------------------|
| Name of Payee Leopoldo Navarro | | Date of Payment 08/07/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>1135</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 47 Rogers St Apt 4 | | City New London | State CT | Zip Code 06320 |
| Purpose of Expend WAGE | Description wage for week end 08/06/18 | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$850.00 |

| | | | | |
|---|---|--|---|-------------------|
| Name of Payee Pollack, Jason | | Date of Payment 08/07/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>1136</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 6708 Akron St | | City Philadelphia | State PA | Zip Code 19149 |
| Purpose of Expend Misc * | Description Conference call tech assistance and production | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is 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 |
| EVA for CT | Final Weekly Supplemental Filing Primary - Original |
| N. Expenses Paid By Committee | |

| | | | | |
|---|---|--|---|-------------------|
| Name of Payee Chris Soto | | Date of Payment 08/07/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>1138</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 18 Crouch St | | City New London | State CT | Zip Code 06320 |
| Purpose of Expend Misc * | Description Mileage for Treasurer - 1630 miles @.545 dates in May, June, July 2018 | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$888.36 |

| | | | | |
|---|--|--|---|-------------------|
| Name of Payee Bermudez Zimmerman, Eva | | Date of Payment 08/07/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>1139</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 22 Bankside Trl | | City Sandy Hook | State CT | Zip Code 06482 |
| Purpose of Expend Misc * | Description Mileage - candidate mileage for the month of June 2018 - 2,543.13 miles @.545 | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$2,543.13 |

| | | | | |
|---|---------------------------------------|--|---|-------------------|
| Name of Payee Arriaga, Ashley | | Date of Payment 08/07/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>1141</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 15 Birch Heights Rd | | City North Franklin | State CT | Zip Code 06254 |
| Purpose of Expend WAGE | Description wage week end 08/05/18 | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$500.00 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| EVA for CT | Final Weekly Supplemental Filing Primary - Original |
| N. Expenses Paid By Committee | |

| | | | | |
|---|---|--|---|-------------------|
| Name of Payee Kennard Ray | | Date of Payment 08/07/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>1142</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 32 Elm St Apt 4 | | City Hartford | State CT | Zip Code 06106 |
| Purpose of Expend WAGE | Description wage for week end 08/06/18 | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$1,250.00 |

| | | | | |
|---|---|--|---|-------------------|
| Name of Payee Samuel Pudlin | | Date of Payment 08/07/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>1143</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 140 Russ St Apt S131 | | City Hartford | State CT | Zip Code 06106 |
| Purpose of Expend WAGE | Description wage for week end 08/05/18 | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$500.00 |

| | | | | |
|---|---|--|---|-------------------|
| Name of Payee Baba Realty LLC | | Date of Payment 08/07/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>1144</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 490 Ann Uccello St | | City Hartford | State CT | Zip Code 06103 |
| Purpose of Expend OVHD | Description Electricity for Meriden office | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$500.00 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| EVA for CT | Final Weekly Supplemental Filing Primary - Original |
| N. Expenses Paid By Committee | |

| | | | | |
|---|---|--|---|-------------------|
| Name of Payee William Durham | | Date of Payment 08/07/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>1145</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 224 City View Ave | | City Bridgeport | State CT | Zip Code 06606 |
| Purpose of Expend WAGE | Description wage for week end 08/06/18 | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$500.00 |

| | | | | |
|---|--|--|---|-------------------|
| Name of Payee Leopoldo Navarro | | Date of Payment 08/07/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>1134</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 47 Rogers St Apt 4 | | City New London | State CT | Zip Code 06320 |
| Purpose of Expend RMB | Description reimburse for purchase of AT&T prepaid phones for phone banks | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$2,140.00 |

| | | | | |
|---|--|--|---|-------------------|
| Name of Payee Leopoldo Navarro | | Date of Payment 08/07/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>1146</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 47 Rogers St Apt 4 | | City New London | State CT | Zip Code 06320 |
| Purpose of Expend RMB | Description Reimburse for AT&T - prepaid phones used for phone bank | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$1.00 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| EVA for CT | Final Weekly Supplemental Filing Primary - Original |
| N. Expenses Paid By Committee | |

| | | | | |
|---|---|--|---|-------------------|
| Name of Payee Chris Soto | | Date of Payment 08/07/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>1137</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 18 Crouch St | | City New London | State CT | Zip Code 06320 |
| Purpose of Expend RMB | Description reimb for office supplies - staples dated 06/23/18 | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$80.27 |

| | | | | |
|---|---|--|---|-------------------|
| Name of Payee Staples | | Date of Payment 08/07/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 2550 Albany Ave | | City West Hartford | State CT | Zip Code 06117 |
| Purpose of Expend EFV * | Description 2 HP X7T64UA 116 Chromebook - Laptop | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$382.84 |

| | | | | |
|---|--|--|---|-------------------|
| Name of Payee Staples | | Date of Payment 08/07/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 1201 Kings Hwy | | City Fairfield | State CT | Zip Code 06824 |
| Purpose of Expend OFFICE | Description paper, pens, clipboards, ink cartridges for printer | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$382.84 |

Total of Section N

\$115,032.51

| IV. EXPENDITURES (Sections N - S) | | | | | |
|---|-------------|------|-----------------|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | | TYPE OF REPORT | |
| | | | | Final Weekly Supplemental Filing 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 | |
| EVA for CT | | | | Final Weekly Supplemental Filing Primary - Original | |
| P. Expenses Incurred on Committee Credit Card | | | | | |
| Name of Issuing Institution | | | Type of Credit Card: <div style="display: flex; justify-content: space-around; font-size: small;"> Visa Master Card Discover American Express </div> 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) | | |
| If yes, assign an Expenditure # and complete Itemization in Addendum | | | | | |
| Total of Section P | | | | | |

IV. EXPENDITURES (Sections N - S)

| | | | |
|---|--|---|--------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | TYPE OF REPORT | |
| EVA for CT | | Final Weekly Supplemental Filing Primary - Original | |
| Q. Expenses Incurred By Committee but Not Paid During this Period | | | |
| Name of Creditor Mandulak, Donna | | Date Incurred 08/01/2018 | |
| Street Address 49 Forest Dr | City Sandy Hook | State CT | Zip Code 06482 |
| Purpose of Expenditure (by code) WAGE | Description Wage for Deputy Treasurer for Candidate Committee - under contract 2nd pmt to be paid upon completion of filings. | | Amount Incurred (Estimate or Actual) |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Expenditure # (if applicable) | Event # |
| If yes, assign an Expenditure # and completes Itemization in Addendum Q | | | \$4,000.00 |
| Total of Section Q | | | \$4,000.00 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| EVA for CT | Final Weekly Supplemental Filing Primary - Original |

R. Itemization of Reimbursements and Secondary Payees

| | | | | |
|---|---|--------------------|---|---|
| Last Name of Worker/Consultant Navarro | First Leopoldo | MI | Date of Payment to Vendor 08/05/2018 | Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1134, 1146 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Name of Vendor Paid by Committee Worker/Consultant AT&T | | | | |
| Street Address of Vendor 430 Broad St | | City New London | | State CT |
| Zip Code 06320 | | | | |
| Purpose of Expenditure (by code) A-PH-BNK | Description Prepaid phones purchased at AT&T | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # | Amount \$2,141.00 | |
| If yes, assign an Expenditure # and completes Itemization in Addendum R | | | | |
| Total of Section R | | | | \$2,141.00 |

IV. EXPENDITURES (Sectuibs N - S)

| | |
|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| EVA for CT | Final Weekly Supplemental Filing 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 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 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 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 |