



**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 - Amendment					
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 <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.					
Electronic Filing		Donna Mandulak		09/13/2018 10:06:54PM	
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED	
<p><b>A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.</b></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	
<b>EVA for CT</b>	Final Weekly Supplemental Filing Primary - Amendment	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		<b>\$0.00</b>
13. Balance on hand at the beginning of Reporting Period	<b>\$326,836.86</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$0.00</b>	<b>\$65,278.42</b>
15. Receipts from Other Committees (Sections C1 and C2)	<b>\$0.00</b>	<b>\$40.16</b>
16. Other Monetary Receipts (Section D through I)	<b>\$3,000.00</b>	<b>\$409,275.02</b>
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	<b>\$0.00</b>	<b>\$0.00</b>
18. Total Monetary Receipts (add totals for lines 14 through 17)	<b>\$3,000.00</b>	<b>\$474,593.60</b>
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	<b>\$329,836.86</b>	<b>\$474,593.60</b>
20. Expenses Paid by Committee (Section N)	<b>\$114,649.67</b>	<b>\$259,406.41</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	<b>\$215,187.19</b>	<b>\$215,187.19</b>
22. In-Kind Donations not Considered Contributions Received (Section J3)	<b>\$0.00</b>	<b>\$0.00</b>
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	<b>\$0.00</b>	<b>\$2,159.16</b>
24. In-Kind Contributions Received (Section K)	<b>\$0.00</b>	<b>\$0.00</b>
25. Refundable Deposit to Telephone Company (Section L)	<b>\$0.00</b>	<b>\$0.00</b>
26. Beginning Loan Balance	<b>\$0.00</b>	
26a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
26b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26c. - Payments on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26d. Total Outstanding Loan Amount	<b>\$0.00</b>	
27. Campaign Expenses Paid By Candidate (Section O)	<b>\$0.00</b>	<b>\$1,771.48</b>
28. Expenses Incurred on Committee Credit Card (Section P)	<b>\$0.00</b>	<b>\$0.00</b>
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	<b>\$4,000.00</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$12,610.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
EVA for CT		Final Weekly Supplemental Filing Primary - Amendment	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b>		For Nonparticipating Candidates ONLY	
<b>B. Itemized Contributions from Individuals</b>			

Last Name		First		MI	Contribution ID #
Residential Street Address		City		State	Zip Code
Principal Occupation			Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
Yes      No Executive      Legislative			Yes      No		
Is this contribution associated with an event reported in Section J1?	Yes	Method of contribution:		Date Received	Aggregate Contributions
If yes, list Event #	No	Cash	Personal Check		
		Money Order	Credit/Debit Card		

**Total of Section B****TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS** (Sections A + B) (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	
EVA for CT				Final Weekly Supplemental Filing Primary - Amendment	
<b>C1. Contributions from Other Committees</b>					
Name of Committee			Name of Treasurer		
Address		Is this contribution associated with an event reported in Section J1?		Amount of Contribution	
		Yes      No			
		If yes, list Event #			
City	State	Zip Code	Date Received	Aggregate Contributions	
<b>Total of Section C1</b>					

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

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

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

NAME OF COMMITTEE				TYPE OF REPORT	
EVA for CT				Final Weekly Supplemental Filing Primary - Amendment	
<b>D. Loans Received this Period</b>					
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)					<b>Amount Received</b>
Street Address		City	State	Zip Code	
<b>Total of Section D</b>					

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

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

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

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

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

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

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

NAME OF COMMITTEE				TYPE OF REPORT	
EVA for CT				Final Weekly Supplemental Filing Primary - Amendment	
<b>I. Miscellaneous Monetary Receipts not Considered Contributions</b>					
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					
<b>Total of Section I</b>					<b>\$3,000.00</b>

**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 - Amendment	
<b>J1. Event Information</b>					
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 <input checked="" type="checkbox"/> No 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.					
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 <input checked="" type="checkbox"/> No If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.					
<b>Subpart 1:</b>					
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? <input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No					
					\$0.00
<b>Total of Section J1</b>					<b>\$0.00</b>

**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 - Amendment

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

Name of the Donor

Street Address	City	State	Zip Code
----------------	------	-------	----------

Donation Given by:  Individual  Business Entity  Sole Proprietorship	Description of Donation			Fair Market Value of Donation
	Date Received	Event #	Aggregate value for this event	

**Total of Section J3**

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

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

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

Name of Host	Is this event supporting more than one candidate? Yes      No      If yes, complete Itemization in Addendum J4
--------------	---

Street Address	City	State	Zip Code
----------------	------	-------	----------

Description of Donation			Fair Market Value of Donation
Event #	Aggregate value of this Event - all hosts	Aggregate value of all Events - this host/candidate	

**Total of Section J4**

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

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

**K. In-Kind Contributions**

Name			
Street Address		City	State   Zip Code
Is this contribution associated with an event reported in Section J1?	Yes No	Description of In-Kind Contribution	
If yes, list Event#			
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	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
EVA for CT	Final Weekly Supplemental Filing Primary - Amendment

**L. Refundable Deposit to Telephone Company**

Last Name of Individual	First Name	MI	Date Deposit Made
Residential Street Address	City	State	Zip Code
Name of Telephone company			
Street Address	City	State	Zip Code
Amount of Deposit			

**Total of Section L**



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

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

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 - Amendment
<b>N. Expenses Paid By Committee</b>	

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? 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 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? 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 08/06/2018	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? 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 - Amendment
<b>N. Expenses Paid By Committee</b>	

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 - Amendment
<b>N. Expenses Paid By Committee</b>	

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 - Amendment
<b>N. Expenses Paid By Committee</b>	

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)  08062018A	

Name of Payee <del>Enterprise Rental Car</del>		Date of Payment <del>08/06/2018</del>	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <del>275 S Main St</del>		City <del>New Britain</del>	State <del>CT</del>	Zip Code <del>06051</del>
Purpose of Expend <del>TRVL</del>	Description <del>rental car - needed larger vehicle to transport campaign staff &amp; candidate</del>			Amount  <del>\$391.75</del>
Is this expenditure coordinated with another candidate for which reimbursement 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 - Amendment
<b>N. Expenses Paid By Committee</b>	

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

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

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

**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 - Amendment
<b>N. Expenses Paid By Committee</b>		

Name of Payee <b>Staples</b>		Date of Payment <b>08/07/2018</b>	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <b>3174 Berlin Tpke</b>		City <b>Newington</b>	State <b>CT</b>	Zip Code <b>06111</b>
Purpose of Expend <b>EFV *</b>	Description <b>HP X7T64UA 11.6" chromebook - laptop</b>			Amount  <b>\$574.26</b>
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 <b>Facebook, Inc</b>		Date of Payment <b>08/07/2018</b>	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <b>1601 Willow Rd</b>		City <b>Menio Park</b>	State <b>CA</b>	Zip Code <b>94025</b>
Purpose of Expend <b>A-WEB</b>	Description <b>Facebook advertising</b>			Amount  <b>\$37.12</b>
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 <b>Facebook, Inc</b>		Date of Payment <b>08/07/2018</b>	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <b>1601 Willow Rd</b>		City <b>Menio Park</b>	State <b>CA</b>	Zip Code <b>94025</b>
Purpose of Expend <b>A-WEB</b>	Description <b>Facebook advertising</b>			Amount  <b>\$712.88</b>
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 - Amendment
<b>N. Expenses Paid By Committee</b>	

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 - Amendment
<b>N. Expenses Paid By Committee</b>	

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 - Amendment
<b>N. Expenses Paid By Committee</b>	

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 - Amendment
<b>N. Expenses Paid By Committee</b>	

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  \$1,250.00	
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)		

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  \$840.00	
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)		

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  \$750.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		

### 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 - Amendment
<b>N. Expenses Paid By Committee</b>	

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 - Amendment
<b>N. Expenses Paid By Committee</b>	

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 - Amendment
<b>N. Expenses Paid By Committee</b>	

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  \$125.00
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 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  \$850.00
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 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  \$100.00
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 - Amendment
<b>N. Expenses Paid By Committee</b>	

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

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

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

### 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 - Amendment
<b>N. Expenses Paid By Committee</b>	

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 - Amendment
<b>N. Expenses Paid By Committee</b>	

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  \$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 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  \$2,140.00
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 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  \$1.00
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 - Amendment
<b>N. Expenses Paid By Committee</b>	

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

Total of Section N

**\$114,649.67**

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

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

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REPORT		
EVA for CT						Final Weekly Supplemental Filing Primary - Amendment		
<b>P. Expenses Incurred on Committee Credit Card</b>								
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					<b>Amount</b>		
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								
<b>Total of Section P</b>								

### 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 - Amendment	
<b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>			
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 (bv 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
<b>Total of Section Q</b>			<b>\$4,000.00</b>

**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 - Amendment

**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?  If yes, assign an Expenditure # and completes Itemization in Addendum R	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount  \$2,141.00
<b>Total of Section R</b>				<b>\$2,141.00</b>

**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 - Amendment

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

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

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

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

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

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

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