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

Electronic Filing

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COVER PAGE

1.NAME OF COMMITTEE	2. TYPE OF COMMITTEE
Bermudez for NH	[x] Candidate Committee [ ] Exploratory Committee

3. TREASURER NAME

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

4. TREASURER ADDRESS

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

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

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

First	MI	Last	Suffix
Wildaliz		**Bermudez**	

9. TYPE OF REPORT

First Weekly Supplemental Filing Primary - Original

10. PERIOD COVERED

Beginning Date		Ending Date
07/01/2026	thru	**07/21/2026**

11. CERTIFICATION

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

Electronic Filing	**shannon raider**	**07/23/2026 4:55:07PM**
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED

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

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
Bermudez for NH	First 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	**$4,902.87**	
14. Contributions received from Individuals (Section A and B)	**$0.00**	**$7,175.66**
15. Receipts from Other Committees (Sections C1 and C2)	**$0.00**	**$0.00**
16. Other Monetary Receipts (Section D through I)	**$39,054.87**	**$39,054.89**
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)	**$39,054.87**	**$46,230.55**
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	**$43,957.74**	**$46,230.55**
20. Expenses Paid by Committee (Section N)	**$3,884.59**	**$6,157.40**
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	**$40,073.15**	**$40,073.15**
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)	**$168.48**	**$168.48**
24. In-Kind Contributions Received (Section K)	**$0.00**	**$0.00**
25. Refundable Deposit to Telephone Company (Section L)	**$0.00**	**$0.00**
26. Beginning Loan Balance	**$0.00**	
26a. + Loans Received (Section D)	**$0.00**	**$0.00**
26b. + Interest and Penalties on Loan(s)	**$0.00**	**$0.00**
26c. - Payments on Loan(s)	**$0.00**	**$0.00**
26d. Total Outstanding Loan Amount	**$0.00**	
27. Campaign Expenses Paid By Candidate (Section O)	**$0.00**	**$607.27**
28. Expenses Incurred on Committee Credit Card (Section P)	**$0.00**	**$0.00**
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	**$171.60**	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	**$171.60**	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bermudez for NH	First Weekly Supplemental Filing Primary - Original

A. Total Contributions from Small Contributors-Received this Period ONLY — For Nonparticipating Candidates ONLY

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #

Residential Street Address	City	State	Zip Code

Principal Occupation	Name of Employer

Is contributor a principal of a state contractor or prospective state contractor? Yes No If yes, indicate which branch or branches of government the contract is with: Executive Legislative	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	Amount of Contribution

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

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bermudez for NH	First Weekly Supplemental Filing Primary - Original

C1. Contributions from Other Committees

Name of Committee	Name of Treasurer

Address	Is this contribution associated with an event reported in Section J1? Yes No If yes, list Event #	Amount of Contribution

City	State	Zip Code	Date Received	Aggregate Contributions

Total of Section C1	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Bermudez for NH	First 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
Bermudez for NH	First 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	Stat	Zip Code	
			Total of Section D	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Bermudez for NH	First 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
Bermudez for NH	First 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
Bermudez for NH	First Weekly Supplemental Filing Primary - Original

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

Purpose of Grant:	Grant Cycle:	Date Received	Amount
[X] Initial [ ] Grant Adjustment [ ] Supplemental/Post Election Deficit	[X] Primary [ ] General Election [ ] Special Election	07/15/2026	$39,054.87
	Total of Section H		**$39,054.87**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Bermudez for NH	First Weekly Supplemental Filing Primary - Original

I. Miscellaneous Monetary Receipts not Considered Contributions

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

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bermudez for NH	First Weekly Supplemental Filing Primary - Original

J1. Event Information

Event # / Date of Event	Letter	Description	Was this a fundraising event?
07/12/2026	A	Meet and Greet Event	[ ] Yes [X] No

Location: Street Address	City	State	Zip Code
117 Lexington Ave	New Haven	CT	06513

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

Event # / Date of Event	Letter	Description	Was this a fundraising event?
07/18/2026	B	Meet and Greet Event	[ ] Yes [X] No

Location: Street Address	City	State	Zip Code
55 Parker Pl	New Haven	CT	06512

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

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
Bermudez for NH	First 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: 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
Bermudez for NH	First 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?			
Mildred Melendez	☐ Yes ☒ No	If yes, complete Itemization in Addendum J4		
Street Address	**City**	**State**	**Zip Code**	
117 Lexington Ave .	New Haven	CT	06513	
Description of Donation			**Fair Market Value of Donation**	
BJ's purchase of refreshments and light snacks			$96.72	
Event #	**Aggregate value of this Event - all hosts**	**Aggregate value of all Events - this host/candidate**		
07122026A	$96.72	$96.72		

Name of Host	Is this event supporting more than one candidate?			
Freda Grant	☐ Yes ☒ No	If yes, complete Itemization in Addendum J4		
Street Address	**City**	**State**	**Zip Code**	
55 Parker Pl	New Haven	CT	06512	
Description of Donation			**Fair Market Value of Donation**	
Door Dash purchase of refreshments			$71.76	
Event #	**Aggregate value of this Event - all hosts**	**Aggregate value of all Events - this host/candidate**		
07182026B	$71.76	$71.76		

Total of Section J4	**$168.48**

III. NONMONETARY RECEIPTS (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bermudez for NH	First 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

If yes, list Event#

Description of In-Kind Contribution

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

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

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

Fair Market Value of this Contribution

Type of Contributor: Individual / Committee / Sole Proprietorship

Date Received

Aggregate contributions

Total of Section K

III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bermudez for NH	First 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 | Amount of Deposit

Name of Telephone company

Street Address | City | State | Zip Code

Total of Section L

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bermudez for NH	First Weekly Supplemental Filing Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Victory Waves Co.	07/02/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
324 Nicholl St .	New Haven	CT	06511

Purpose of Expendit	Description	Amount
CNSLT	petition validation	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$201.50

Name of Payee	Date of Payment	Method of Payment
Squarespace	07/03/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
225 Varick St	New York City	NY	10014

Purpose of Expendit	Description	Amount
A-OTH	Email Campaigns Subscription, e-newsletter blast	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$29.78

Name of Payee	Date of Payment	Method of Payment
ZOOM Communications Inc.	07/04/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
55 Almaden Blvd .	San Jose	CA	95113

Purpose of Expendit	Description	Amount
OVHD	zoom account for virtual meeting	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$18.07

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bermudez for NH	First Weekly Supplemental Filing Primary - Original

N. Expenses Paid By Committee

Name of Payee: CALLFIRE EZ Texting
Date of Payment: 07/07/2026
Method of Payment: [ ] Check # [x] Debit Card [ ] EFT
Street Address: 548 Market St Ste 44523
City: San Francisco
State: CA
Zip Code: 94104
Purpose of Expendit: A-ATM
Description: TEXTING SERVICE for communiation
Amount: $31.21
Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [x] No
If yes, assign an Expenditure # and complete Itemization in Addendum N
Expenditure # (if applicable):
Event #:

Name of Payee: CCM & Co.
Date of Payment: 07/13/2026
Method of Payment: [ ] Check # [ ] Debit Card [x] EFT
Street Address: 1022 Boulevard # 329
City: West Hartford
State: CT
Zip Code: 06119
Purpose of Expendit: A-DM
Description: direct mailer
Amount: $3,430.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [x] No
If yes, assign an Expenditure # and complete Itemization in Addendum N
Expenditure # (if applicable):
Event #:

Name of Payee: Marilyn Alviero
Date of Payment: 07/15/2026
Method of Payment: [x] Check # 123 [ ] Debit Card [ ] EFT
Street Address: 75 West Ave .
City: Essex
State: CT
Zip Code: 06426
Purpose of Expendit: REF
Description: donation refund based on rejection from CEP due to employment filed being filled in incorrectly
Amount: $100.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [x] No
If yes, assign an Expenditure # and complete Itemization in Addendum N
Expenditure # (if applicable):
Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bermudez for NH	First Weekly Supplemental Filing Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Squarespace	07/16/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
225 Varick St	New York City	NY	10014

Purpose of Expendit	Description	Amount
WEB	domain name for an email, 1 of 2	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$17.87

Name of Payee	Date of Payment	Method of Payment
Squarespace	07/16/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
225 Varick St	New York City	NY	10014

Purpose of Expendit	Description	Amount
WEB	domain name for an email, 2 of 2	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$17.87

Name of Payee	Date of Payment	Method of Payment
Squarespace	07/20/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
225 Varick St	New York City	NY	10014

Purpose of Expendit	Description	Amount
WEB	website hosting	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$38.29

Total of Section N	**$3,884.59**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bermudez for NH	First 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
Bermudez for NH	First Weekly Supplemental Filing Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card: Visa Master Card Discover American Express Other

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

Total of Section P

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bermudez for NH	First Weekly Supplemental Filing Primary - Original

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

Name of Creditor			Date Incurred	
Alyson Heimer			07/10/2026	
Street Address		**City**	**State**	**Zip Code**
6 Everit St .		New Haven	CT	06511
Purpose of Expenditure (by code)	**Description**		**Amount Incurred (Estimate or Actual)**	
POST	Stamps			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum Q		**Expenditure # (if applicable)**	**Event #**	$171.60

Total of Section Q	**$171.60**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bermudez for NH	First Weekly Supplemental Filing Primary - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N: Check # Debit Card EFT

Name of Vendor Paid by Committee Worker/Consultant

Street Address of Vendor	City	State	Zip Code

Purpose of Expenditure (by code)	Description

Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No If yes, assign an Expenditure # and completes Itemization in Addendum R	Expenditure # (if applicable)	Event #	Amount

Total of Section R	

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bermudez for NH	First 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 N. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
N. Expenses Paid By Committee - Addendum	
Expenditure #	**Amount of Expenditure**
Name of Candidate	Office Sought

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

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

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