



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 11/06/2018	6. OFFICE SOUGHT (Complete only if Candidate Committee) Lieutenant Governor			7. DISTRICT NUMBER (if applicable)	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Eva	MI	Last Bermudez Zimmerman		Suffix	
9. TYPE OF REPORT					
First Weekly Supplemental Filing Primary - Original					
10. PERIOD COVERED					
Beginning Date		Ending Date			
07/10/2018		thru		07/17/2018	
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	07/26/2018 10:26:44PM			
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	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	\$24,300.27	
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)	\$0.02	\$0.02
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)	\$0.02	\$65,318.60
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$24,300.29	\$65,318.60
20. Expenses Paid by Committee (Section N)	\$7,525.27	\$48,543.58
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	\$16,775.02	\$16,775.02
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)	\$750.00	\$750.00
26d. Total Outstanding Loan Amount	\$-750.00	
27. Campaign Expenses Paid By Candidate (Section O)	\$339.67	\$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)	\$49,170.31	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$70,927.69	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
EVA for CT		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?				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	
Yes No If yes, indicate which branch or branches of government the contract is with: Executive Legislative				Yes No Amount of Contribution	
Is this contribution associated with an event reported in Section J1?		Method of contribution:		Date Received	Aggregate Contributions
Yes		Cash Personal Check			
No		Money Order Credit/Debit Card			
If yes, list Event #					

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				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?		Amount of Contribution
			Yes No		
If yes, list Event #					
City	State	Zip Code	Date Received	Aggregate Contributions	
Total of Section C1					

I. MONETARY RECEIPTS (Section A-I)

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE		TYPE OF REPORT	
EVA for CT		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	
EVA for CT		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	
EVA for CT		First Weekly Supplemental Filing Primary - Original	
H. Public Grant Funds Received from the Citizens' Election Fund			
Purpose of Grant:		Grant Cycle:	Date Received
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Grant Adjustment <input type="checkbox"/> Supplemental/Post Election Deficit		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Election <input type="checkbox"/> Special Election	07/13/2018
			Amount
			\$0.02
Total of Section H			\$0.02

I. MONETARY RECEIPTS (Section A-I)

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

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	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:	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	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? 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	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? If yes, list Event#	Yes No	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? If yes, indicate which branch or branches of government the contract is with: Executive Legislative	Fair Market Value of this Contribution
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	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
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
EVA for CT	First Weekly Supplemental Filing Primary - Original
N. Expenses Paid By Committee	

Name of Payee Staples		Date of Payment 07/10/2018	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 PRNT	Description PhotoCopy fee for documents for SEEC for the grant filing.			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 #
				\$471.11

Name of Payee Harland Clarke		Date of Payment 07/11/2018	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 Check stock			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 #
				\$24.55

Name of Payee Baba Realty LLC		Date of Payment 07/11/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1070</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 Rent office 39-41 West Main St Meriden CT 06451 July 7th - August 6th 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 #
				\$1,700.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Baba Realty LLC		Date of Payment 07/11/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1071</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 security deposit office 39-41 West Main St Meriden CT 06451			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 Mary Justine O Hockenberry		Date of Payment 07/12/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 16 Foxglove Ln		City South Windsor	State CT	Zip Code 06074
Purpose of Expend REF	Description Returned check #165 / NSF - original Contribution ID #1198			Amount \$100.00
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 Newtown Savings Bank		Date of Payment 07/12/2018	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 Bank fee - chargeback fee for returned check #165			Amount \$16.00
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	First Weekly Supplemental Filing Primary - Original
N. Expenses Paid By Committee	

Name of Payee United States Postal Service		Date of Payment 07/12/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 710 Main St S		City Southbury	State CT	Zip Code 06488-9998
Purpose of Expend POST	Description Stamps - 2 books			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 #	\$20.00

Name of Payee Target		Date of Payment 07/13/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 7 Stoney Hill Rd		City Bethel	State CT	Zip Code 06801
Purpose of Expend OFFICE	Description Ink Cartridges for printer & paper			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 #	\$69.63

Name of Payee Murray, Jeremy		Date of Payment 07/17/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1074</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 RMB	Description reimburse for food to campaign worker			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 #	\$45.62

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Bermudez Zimmerman, Eva		Date of Payment 07/17/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1073</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 RMB	Description reimburse for 07/10/18 expenses paid by candidate			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 #
				\$225.36

Name of Payee Unifocus LLC dba Revisionist		Date of Payment 07/17/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1072</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 75% deposit on video 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 #
				\$4,353.00

Total of Section N**\$7,525.27**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
EVA for CT					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?
IPANEMA Cafe Bar & Restau				07/10/2018		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code	
1819 Park St		Hartford		CT	06106	
Purpose of Expenditure (by code)		Description			Event #	
FOOD		food purchased for campaign team lunch meeting. 3 people				
Amount						
\$42.45						
Name of Payee (Name of vendor who candidate paid directly)				Date of Payment		Is Reimbursement Claimed?
Geronimo				07/10/2018		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code	
271 Crown St		New Haven		CT	06511	
Purpose of Expenditure (by code)		Description			Event #	
FOOD		reimburse candidate for dinner for 3 campaign workers				
Amount						
\$54.34						
Name of Payee (Name of vendor who candidate paid directly)				Date of Payment		Is Reimbursement Claimed?
Staples				07/10/2018		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code	
1145 N Colony Rd		Wallingford		CT	06492	
Purpose of Expenditure (by code)		Description			Event #	
OFFICE		office supplies for field team meeting				
Amount						
\$77.60						
Name of Payee (Name of vendor who candidate paid directly)				Date of Payment		Is Reimbursement Claimed?
FedEx Office				07/10/2018		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code	
496 S Broad St		Meriden		CT	06450	
Purpose of Expenditure (by code)		Description			Event #	
OFFICE		office supplies for field team meeting				
Amount						
\$3.18						

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	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?	
FedEx Office				07/10/2018		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City		State	Zip Code		
496 S Broad St		Meriden		CT	06450		
Purpose of Expenditure (by code)		Description			Event #		
OFFICE		office supplies for field team meeting					
							Amount
							\$47.79
Name of Payee (Name of vendor who candidate paid directly)				Date of Payment		Is Reimbursement Claimed?	
Park & Oak				07/12/2018		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City		State	Zip Code		
14-16 Oakwood Ave		West Hartford		CT	06119		
Purpose of Expenditure (by code)		Description			Event #		
FOOD		Campaign lunch 2 people					
							Amount
							\$31.91
Name of Payee (Name of vendor who candidate paid directly)				Date of Payment		Is Reimbursement Claimed?	
Pho Boston				07/13/2018		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City		State	Zip Code		
144 Shield Street Plz		West Hartford		CT	06110		
Purpose of Expenditure (by code)		Description			Event #		
FOOD		Campaign team dinner 3 ppl					
							Amount
							\$64.55
Name of Payee (Name of vendor who candidate paid directly)				Date of Payment		Is Reimbursement Claimed?	
McDonald				07/16/2018		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City		State	Zip Code		
325 Union St Brass Mill Cmns		Waterbury		CT	06705		
Purpose of Expenditure (by code)		Description			Event #		
FOOD		Campaign dinner 2 ppl					
							Amount
							\$17.85
Total of Section O							\$339.67

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	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		Amount		
Purpose of Expenditure (by code)	Description			
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Yes No	Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum				

Total of Section P

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
EVA for CT		First Weekly Supplemental Filing Primary - Original	
Q. Expenses Incurred By Committee but Not Paid During this Period			
Name of Creditor Dayna Lindo		Date Incurred 07/11/2018	
Street Address 84 Harlem Ave	City Bridgeport	State CT	Zip Code 06606
Purpose of Expenditure (by code) WAGE	Description Wage for 07/10 & 07/11/18 - invoice dated 07/15/18 #0001		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			\$115.00
Name of Creditor Chris Soto		Date Incurred 07/11/2018	
Street Address 18 Crouch St	City New London	State CT	Zip Code 06320
Purpose of Expenditure (by code) WAGE	Description wage for Treasurer - \$1700 week from 07/11 - 08/14/18		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			\$8,500.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
EVA for CT		First Weekly Supplemental Filing Primary - Original	
Q. Expenses Incurred By Committee but Not Paid During this Period			
Name of Creditor Jeremy Murray		Date Incurred 07/11/2018	
Street Address 48 Mortimer St SE	City Atlanta	State GA	Zip Code 30317
Purpose of Expenditure (by code) WAGE	Description wage \$2,060 week 07/11 - 08/14/18	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			\$10,300.00
Name of Creditor Diane Bullock		Date Incurred 07/13/2018	
Street Address 16 Weekepeemee Rd	City Woodbury	State CT	Zip Code 06798
Purpose of Expenditure (by code) WAGE	Description Wage \$5000 for month - 07/13 - 08/14/18	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			\$5,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
EVA for CT		First Weekly Supplemental Filing Primary - Original	
Q. Expenses Incurred By Committee but Not Paid During this Period			
Name of Creditor Metro Square, LLC		Date Incurred 07/14/2018	
Street Address 71 Newtown Rd Ste 130	City Danbury	State CT	Zip Code 06810
Purpose of Expenditure (by code) WAGE	Description Communications, Media Relations \$14500.00 for 07/14 - 08/14/18		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			\$14,500.00
Name of Creditor Kennard Ray		Date Incurred 07/15/2018	
Street Address 32 Elm St Apt 4	City Hartford	State CT	Zip Code 06106
Purpose of Expenditure (by code) WAGE	Description wage for week 07/09 - 07/15/18		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			\$1,250.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
EVA for CT		First Weekly Supplemental Filing Primary - Original	
Q. Expenses Incurred By Committee but Not Paid During this Period			
Name of Creditor Leopoldo Navarro		Date Incurred 07/15/2018	
Street Address 47 Rogers St Apt 4	City New London	State CT	Zip Code 06320
Purpose of Expenditure (by code) WAGE	Description wage for week 07/09 - 07/15/18	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			\$850.00
Name of Creditor DePaolo, Clinton		Date Incurred 07/15/2018	
Street Address 39 Buttonball Dr	City Sandy Hook	State CT	Zip Code 06482
Purpose of Expenditure (by code) WAGE	Description week dated 07/09 - 07/15/18 Invoice #1014	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			\$450.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
EVA for CT		First Weekly Supplemental Filing Primary - Original	
Q. Expenses Incurred By Committee but Not Paid During this Period			
Name of Creditor Diana Martinez		Date Incurred 07/15/2018	
Street Address 39 W Main St	City Meriden	State CT	Zip Code 06451
Purpose of Expenditure (by code) WAGE	Description wage for week end 07/15/18	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			\$500.00
Name of Creditor William Durham		Date Incurred 07/16/2018	
Street Address 224 City View Ave	City Bridgeport	State CT	Zip Code 06606
Purpose of Expenditure (by code) WAGE	Description wage for week 07/11 - 07/17/18	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			\$500.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
EVA for CT		First Weekly Supplemental Filing Primary - Original	
Q. Expenses Incurred By Committee but Not Paid During this Period			
Name of Creditor NGPVAN		Date Incurred 07/16/2018	
Street Address 1445 New York Ave NW Ste 200	City Washington	State DC	Zip Code 20005
Purpose of Expenditure (by code) Misc *	Description Online Voter database used for digital engagement	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 If yes, assign an Expenditure # and completes Itemization in Addendum Q		Expenditure # (if applicable)	Event #
			\$1,500.00
Name of Creditor Jennine Lupo		Date Incurred 07/16/2018	
Street Address 109 E Chestnut Hill Rd	City Litchfield	State CT	Zip Code 06759
Purpose of Expenditure (by code) WAGE	Description wage for week 07/11 - 07/17/18	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 If yes, assign an Expenditure # and completes Itemization in Addendum Q		Expenditure # (if applicable)	Event #
			\$840.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
EVA for CT		First Weekly Supplemental Filing Primary - Original	
Q. Expenses Incurred By Committee but Not Paid During this Period			
Name of Creditor Marisa Lindsey		Date Incurred 07/16/2018	
Street Address 112 Thistle Pond Dr	City Bloomfield	State CT	Zip Code 06002
Purpose of Expenditure (by code) WAGE	Description wage for week 07/11 - 07/17/18	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			\$750.00
Name of Creditor Nick Fulchino		Date Incurred 07/16/2018	
Street Address 283 Orchard Hill Rd	City Pomfret Center	State CT	Zip Code 06259
Purpose of Expenditure (by code) LOAN	Description wage for campaign field consulting svcs week end 07/16/18	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			\$750.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
EVA for CT		First Weekly Supplemental Filing Primary - Original	
Q. Expenses Incurred By Committee but Not Paid During this Period			
Name of Creditor Bermudez Zimmerman, Eva		Date Incurred 07/16/2018	
Street Address 22 Bankside Trl	City Sandy Hook	State CT	Zip Code 06482
Purpose of Expenditure (by code) RMB	Description reimburse candidate for Meals for campaign lunches & dinners	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			\$114.31
Name of Creditor Unifocus LLC dba Revisionist		Date Incurred 07/17/2018	
Street Address 233 Pearl St Unit 16	City Hartford	State CT	Zip Code 06103
Purpose of Expenditure (by code) A-OTH	Description 25% due upon completion of video project	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			\$1,451.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
EVA for CT		First Weekly Supplemental Filing Primary - Original	
Q. Expenses Incurred By Committee but Not Paid During this Period			
Name of Creditor Simplified Impact		Date Incurred 07/17/2018	
Street Address C/o Ana Raynes 21 Orchard Ave	City Narragansett	State RI	Zip Code 02882
Purpose of Expenditure (bv code) WEB	Description Web design - wordpress website	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			\$1,800.00
Total of Section Q			\$49,170.31

IV. EXPENDITURES (Sections N - S)

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

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Murray	First Jeremy	MI	Date of Payment to Vendor 07/07/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1074 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
------------------------------------------	-----------------	----	-----------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Name of Vendor Paid by Committee Worker/Consultant

Starbucks

Street Address of Vendor 1250 W Main St	City Waterbury	State CT	Zip Code 06708
--------------------------------------------	-------------------	-------------	-------------------

Purpose of Expenditure (by code) FOOD	Description reimburse for lunch - campaign filing meeting
------------------------------------------	--------------------------------------------------------------

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 \$13.67
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Bermudez	First Zimmerman	MI Eva	Date of Payment to Vendor 07/10/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1073 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
--------------------------------------------	--------------------	-----------	-----------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Name of Vendor Paid by Committee Worker/Consultant

IPANEMA Cafe Bar & Restaurant

Street Address of Vendor 1819 Park St	City Hartford	State CT	Zip Code 06106
------------------------------------------	------------------	-------------	-------------------

Purpose of Expenditure (by code) FOOD	Description reimburse candidate for lunch for 3 campaign workers
------------------------------------------	---------------------------------------------------------------------

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 \$42.45
If yes, assign an Expenditure # and completes Itemization in Addendum R			

IV. EXPENDITURES (Sections N - S)

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

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Bermudez	First Zimmerman	MI Eva	Date of Payment to Vendor 07/10/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1073 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
--------------------------------------------	--------------------	-----------	-----------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Name of Vendor Paid by Committee Worker/Consultant Geronimo

Street Address of Vendor 271 Crown St	City New Haven	State CT	Zip Code 06511
------------------------------------------	-------------------	-------------	-------------------

Purpose of Expenditure (by code) FOOD	Description reimburse candidate for dinner for 3 campaign workers
------------------------------------------	----------------------------------------------------------------------

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 \$54.34
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Bermudez	First Zimmerman	MI Eva	Date of Payment to Vendor 07/10/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1073 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
--------------------------------------------	--------------------	-----------	-----------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Name of Vendor Paid by Committee Worker/Consultant Staples

Street Address of Vendor 1145 N Colony Rd	City Wallingford	State CT	Zip Code 06492
----------------------------------------------	---------------------	-------------	-------------------

Purpose of Expenditure (by code) OFFICE	Description office supplies for field team meeting
--------------------------------------------	-------------------------------------------------------

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 \$77.60
If yes, assign an Expenditure # and completes Itemization in Addendum R			

IV. EXPENDITURES (Sections N - S)

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

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Bermudez	First Zimmerman	MI Eva	Date of Payment to Vendor 07/10/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1073 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
--------------------------------------------	--------------------	-----------	-----------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Name of Vendor Paid by Committee Worker/Consultant FedEx Office

Street Address of Vendor 496 S Broad St	City Meriden	State CT	Zip Code 06450
--------------------------------------------	-----------------	-------------	-------------------

Purpose of Expenditure (by code) OFFICE	Description office supplies for field team meeting
--------------------------------------------	-------------------------------------------------------

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 \$3.18
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Bermudez	First Zimmerman	MI Eva	Date of Payment to Vendor 07/10/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1073 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
--------------------------------------------	--------------------	-----------	-----------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Name of Vendor Paid by Committee Worker/Consultant FedEx

Street Address of Vendor 496 S Broad St	City Meriden	State CT	Zip Code 06450
--------------------------------------------	-----------------	-------------	-------------------

Purpose of Expenditure (by code) OFFICE	Description office supplies for field team meeting
--------------------------------------------	-------------------------------------------------------

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 \$47.79
If yes, assign an Expenditure # and completes Itemization in Addendum R			

IV. EXPENDITURES (Sections N - S)

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

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Murray	First Jeremy	MI	Date of Payment to Vendor 07/10/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1074 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant Claire's Corner Copia				
Street Address of Vendor 2402 1000 Chapel St		City New Haven	State CT	Zip Code 06510
Purpose of Expenditure (by code) FOOD	Description Diner for campaign team - 2 ppl			
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 \$31.95	
If yes, assign an Expenditure # and completes Itemization in Addendum R				
Total of Section R				\$270.98

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	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