



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					
Itemized Statement accompanying application for Public Grant - Amendment					
10. PERIOD COVERED					
Beginning Date		Ending Date			
07/01/2018		thru		07/09/2018	
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 12:00:29AM	
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	Itemized Statement accompanying application for Public Grant - Amendment	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$30,678.19	
14. Contributions received from Individuals (Section A and B)	\$2,880.00	\$65,278.42
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$40.16
16. Other Monetary Receipts (Section D through I)	\$0.00	\$0.00
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)	\$2,880.00	\$65,318.58
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$33,558.19	\$65,318.58
20. Expenses Paid by Committee (Section N)	\$9,257.92	\$41,018.31
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	\$24,300.27	\$24,300.27
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)	\$126.48	\$2,159.16
24. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
25. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$1,431.81
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$4,425.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$21,757.38	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
EVA for CT		Itemized Statement accompanying application for Public Grant - Amendment	
A. Total Contributions from Small Contributors-Received this Period ONLY		For Nonparticipating Candidates ONLY	
		\$0.00	
B. Itemized Contributions from Individuals			

Last Name Whyte		First Amanda aw		MI	Contribution ID # 1332
Residential Street Address 71 Freeman St		City Hartford		State CT	Zip Code 06114
Principal Occupation Student			Name of Employer Student		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 07/01/2018 Aggregate Contributions \$25.00	

Last Name Mitchell		First Atherene		MI	Contribution ID # 1333
Residential Street Address 46 Old Kennedy Rd		City Windsor		State CT	Zip Code 06095
Principal Occupation Database Analyst			Name of Employer Ct Children's Med Ctr		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 07/01/2018 Aggregate Contributions \$35.00	

Last Name Figueroa		First Elizabeth		MI	Contribution ID # 1334
Residential Street Address 144 Hubbard Rd		City Hartford		State CT	Zip Code 06114
Principal Occupation Executive Assistant			Name of Employer AETNA		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 07/01/2018 Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name nuzzi	First john	MI	Contribution ID # 1335
Residential Street Address 94 S Lake Shore Dr	City Brookfield	State CT	Zip Code 06804
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/01/2018	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

Last Name Brazaitis	First Peter	MI	Contribution ID # 1336
Residential Street Address 155 Woodchuck Ln	City Harwinton	State CT	Zip Code 06791
Principal Occupation Engineer	Name of Employer State of Connecticut		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/01/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Reilly	First Patrick	MI	Contribution ID # 1337
Residential Street Address 740 Mather St	City Suffield	State CT	Zip Code 06078
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/01/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Nebelung	First Lucira Jane	MI	Contribution ID # 1338
Residential Street Address 72 Quarry Dock Rd	City East Lyme	State CT	Zip Code 06357
Principal Occupation Leadership and organizational effectiveness and co	Name of Employer Self-employed: Nebelung Associates LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/01/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Brantley	First Jessica	MI	Contribution ID # 1339
Residential Street Address 209 Livingston St	City New Haven	State CT	Zip Code 06511
Principal Occupation Professor	Name of Employer Yale University		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/01/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name harper	First annie	MI	Contribution ID # 1340
Residential Street Address 58 Anderson St	City New Haven	State CT	Zip Code 06511
Principal Occupation research scientist	Name of Employer yale university		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/01/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Zehner	First Andrew	MI	Contribution ID # 1341
Residential Street Address 93 Livingston St	City New Haven	State CT	Zip Code 06511
Principal Occupation Attorney	Name of Employer University of Connecticut		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/01/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Hutchings	First Ethan	MI	Contribution ID # 1342
Residential Street Address 235 Woodward Ave	City New Haven	State CT	Zip Code 06512
Principal Occupation Sales & Support	Name of Employer IPS Group INC		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/01/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Mathews	First Lindsay	MI	Contribution ID # 1343
Residential Street Address 265 College St # 10D	City New Haven	State CT	Zip Code 06510
Principal Occupation Retail Sales	Name of Employer Thyme and Season Natural Market, Hamden		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/01/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Figueroa	First Nazario J.	MI	Contribution ID # 1344
Residential Street Address 144 Hubbard Rd	City Hartford	State CT	Zip Code 06114
Principal Occupation Operations Manager	Name of Employer Summit Security Services, Inc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/01/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Quigley	First Cheryl	MI	Contribution ID # 1345
Residential Street Address 51 Colonial Blvd	City West Haven	State CT	Zip Code 06516
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/01/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Farrell	First Chelsea	MI	Contribution ID # 1346
Residential Street Address 19 Bob White Way	City Weatogue	State CT	Zip Code 06089
Principal Occupation Museum Associate	Name of Employer Harriet Beecher Stowe Center		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/01/2018	Aggregate Contributions \$75.00
		Amount of Contribution \$75.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Hussey	First Olivia	MI	Contribution ID # 1347
Residential Street Address 17 Columbine Rd	City Tolland	State CT	Zip Code 06084
Principal Occupation Teacher	Name of Employer CREC Academy of Aerospace and Engineering		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/01/2018	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

Last Name Quickmire	First Jeanne	MI	Contribution ID # 1348
Residential Street Address 41 Prospect Pl	City East Haven	State CT	Zip Code 06512
Principal Occupation House cleaner	Name of Employer Self employed- Jeanne Quickmire Cleaning Service		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/01/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Braginsky	First Nataliya	MI	Contribution ID # 1349
Residential Street Address 757 Orange St	City New Haven	State CT	Zip Code 06511
Principal Occupation Teacher	Name of Employer New Haven Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/01/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Crowder	First Christina	MI	Contribution ID # 1350
Residential Street Address 65 Treadwell St	City Hamden	State CT	Zip Code 06517
Principal Occupation house painter	Name of Employer Christina Crowder		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/01/2018	Aggregate Contributions \$35.00
		Amount of Contribution \$20.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Poland	First Stephen	MI	Contribution ID # 1351
Residential Street Address 21 Anderson St	City New Haven	State CT	Zip Code 06511
Principal Occupation University Lecturer	Name of Employer Yale University		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/01/2018	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Heimer	First Win	MI	Contribution ID # 1352
Residential Street Address 799 Prospect Ave	City Hartford	State CT	Zip Code 06105
Principal Occupation Retired	Name of Employer Reired		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/01/2018	Aggregate Contributions \$102.71
			Amount of Contribution \$25.00

Last Name Alfonso	First Maria C.	MI	Contribution ID # 1353
Residential Street Address 256 Brimfield Rd	City Wethersfield	State CT	Zip Code 06109
Principal Occupation Retired AFSCME Service Rep. & Labor Arbitrator	Name of Employer Semi-retired		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/01/2018	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Kardaras	First John	MI	Contribution ID # 1354
Residential Street Address 58 Currier Way	City Cheshire	State CT	Zip Code 06410
Principal Occupation Atty	Name of Employer Self		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/01/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name kavanah	First elizabeth	MI	Contribution ID # 1355
Residential Street Address 19 Cedar Ridge Dr .	City Farmington	State CT	Zip Code 06032
Principal Occupation Professional	Name of Employer City of Hartford		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/01/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name DOWNEY	First MARIE	MI	Contribution ID # 1356
Residential Street Address 38 Middlesex St	City Quincy	State MA	Zip Code 02171
Principal Occupation Executive Director	Name of Employer BEST Hospitality Training		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/01/2018	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Macy	First Nancy	MI	Contribution ID # 1357
Residential Street Address 25 Capitol Ave	City Hartford	State CT	Zip Code 06106
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/01/2018	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Peters	First Clark	MI	Contribution ID # 1358
Residential Street Address 169 D St	City Groton	State CT	Zip Code 06340
Principal Occupation residential program worker	Name of Employer Oak Hill		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/01/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Flatto	First Michael	MI	Contribution ID # 1359
Residential Street Address 3 Beacon View Dr	City Fairfield	State CT	Zip Code 06825
Principal Occupation higher education	Name of Employer Fairfield University		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/01/2018	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

Last Name Daniels	First Marta	MI	Contribution ID # 1360
Residential Street Address 122 Middlesex Ave Chester Ct # 6412	City Chester	State CT	Zip Code 06412
Principal Occupation Retired	Name of Employer Retired		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/01/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Jackons Jr.	First Robert	MI	Contribution ID # 1361
Residential Street Address 82 Ralsey Rd	City Stamford	State CT	Zip Code 06902
Principal Occupation Pastor	Name of Employer Bethel AME Church		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 07/01/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Harris	First Michael	MI	Contribution ID # 1362
Residential Street Address 196 Crown St # 410	City New Haven	State CT	Zip Code 06510
Principal Occupation Mayoral Aide	Name of Employer City of New Haven		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 07/01/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Dennett		First Nancy		MI	Contribution ID # 1363
Residential Street Address 189 E Rock Rd		City New Haven		State CT	Zip Code 06511
Principal Occupation Retired			Name of Employer Retired		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>07012018A</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 07/01/2018	
				Aggregate Contributions \$100.00	\$100.00
Last Name Dondy		First Lise		MI	Contribution ID # 1364
Residential Street Address 43 Autumn St		City New Haven		State CT	Zip Code 06511
Principal Occupation Retired			Name of Employer Retired		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>07012018A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 07/01/2018	
				Aggregate Contributions \$100.00	\$75.00
Last Name Rodriguez		First Noemi		MI	Contribution ID # 1365
Residential Street Address 79 Arch St		City New Haven		State CT	Zip Code 06519
Principal Occupation Unemployed			Name of Employer Unemployed		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>07012018A</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 07/01/2018	
				Aggregate Contributions \$20.00	\$20.00
Last Name Grant		First Stevens		MI	Contribution ID # 1366
Residential Street Address 924 State St # 2		City New Haven		State CT	Zip Code 06511
Principal Occupation Development Systems Manager			Name of Employer Planned Parenthood S New Englad		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>07012018A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 07/01/2018	
				Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Padilla	First Eva	MI	Contribution ID # 1367
Residential Street Address 56 Maher Rd	City Stamford	State CT	Zip Code 06902
Principal Occupation Retired	Name of Employer Retired		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>07022018A</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/02/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Sandoval	First Maria	MI	Contribution ID # 1368
Residential Street Address 175 Macgregor Dr	City Stamford	State CT	Zip Code 06902
Principal Occupation Secretary	Name of Employer Sandoval Landscaping		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>07022018A</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/02/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Anderson	First Paul	MI	Contribution ID # 1369
Residential Street Address 44 Lawrence Hill Rd .	City Stamford	State CT	Zip Code 06903
Principal Occupation Firefighter	Name of Employer City of Stamford		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>07022018A</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/02/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name De la Cruz	First Virgil	MI	Contribution ID # 1370
Residential Street Address 94 Davenport Dr	City Stamford	State CT	Zip Code 06902
Principal Occupation Retired	Name of Employer Retired		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>07022018A</u>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/02/2018	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Cackowski	First Charles	MI	Contribution ID # 1371
Residential Street Address 41 McClean Ave	City Stamford	State CT	Zip Code 06905
Principal Occupation Firefighter	Name of Employer City of Stamford		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>07022018A</u>		Date Received 07/02/2018	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Keatley	First Brendan	MI	Contribution ID # 1372
Residential Street Address 97 Ceil Rd	City Trumbull	State CT	Zip Code 06611
Principal Occupation Firefighter	Name of Employer City of Stamford		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>07022018A</u>		Date Received 07/02/2018	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Pettigrew	First Ian	MI	Contribution ID # 1320
Residential Street Address 41 Prospect Place East Haven Ct USA	City East Haven	State CT	Zip Code 06512
Principal Occupation Usher	Name of Employer Hartford yard goats		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 07/02/2018	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name Roqueta	First Robert	MI	Contribution ID # 1321
Residential Street Address 140 Blachley Rd	City Stamford	State CT	Zip Code 06902
Principal Occupation Social Worker	Name of Employer State of Connecticut		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>07022018A</u>		Date Received 07/02/2018	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Stella	First Jeffrey	MI	Contribution ID # 1322
Residential Street Address 300 W Broad St	City Stamford	State CT	Zip Code 06902
Principal Occupation Realtor	Name of Employer Keller Williams		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>07022018A</u>		Date Received 07/02/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Gutierrez	First Herminia	MI	Contribution ID # 1323
Residential Street Address 138 Oaklawn Ave	City Stamford	State CT	Zip Code 06905
Principal Occupation Sales rep	Name of Employer Juliska-penthurst trading		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>07022018A</u>		Date Received 07/02/2018	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Castro	First Juan	MI	Contribution ID # 1324
Residential Street Address 51 Schuyler Ave	City Stamford	State CT	Zip Code 06902
Principal Occupation Foreman	Name of Employer Fairfield County Sprinkler		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>07022018A</u>		Date Received 07/02/2018	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name McCluskey	First David	MI	Contribution ID # 1325
Residential Street Address 251 Westpoint Ter	City West Hartford	State CT	Zip Code 06107
Principal Occupation Legislative Liaison	Name of Employer State of Connecticut		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 07/02/2018	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Bakalar	First Rina	MI	Contribution ID # 1326
Residential Street Address 18 Fran's Way	City Shelton	State CT	Zip Code 06484
Principal Occupation Director	Name of Employer Town of Trumbull		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/02/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Farrell	First Lindsay	MI	Contribution ID # 1327
Residential Street Address 169 Still Rd	City West Hartford	State CT	Zip Code 06117
Principal Occupation political organizer	Name of Employer Working Families Party		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/02/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Chodosh	First Beatrice	MI	Contribution ID # 1328
Residential Street Address 194 Russet Rd	City Stamford	State CT	Zip Code 06903
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/02/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Sheridan	First Hope	MI	Contribution ID # 1329
Residential Street Address 19 Paper Chase Dr	City Farmington	State CT	Zip Code 06032
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/02/2018	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Selders	First Pamela	MI	Contribution ID # 1330
Residential Street Address 44 Chapman St	City Hartford	State CT	Zip Code 06114
Principal Occupation Homemaker	Name of Employer Homemaker		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 07/02/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name MOSLEY	First Regina	MI	Contribution ID # 1331
Residential Street Address 167 Vauxhall St .	City New London	State CT	Zip Code 06320
Principal Occupation Medical Assistant	Name of Employer Hartford Healthcare		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 07/02/2018	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name Schrag	First Steven	MI	Contribution ID # 1316
Residential Street Address 14 Quentin St	City Waterbury	State CT	Zip Code 06706
Principal Occupation Educ and safety director	Name of Employer Ceui seu		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 07/03/2018	Aggregate Contributions \$10.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$10.00	

Last Name Oechsner	First Troy	MI	Contribution ID # 1317
Residential Street Address 11 Pinedale Ave	City Delmar	State NY	Zip Code 12054
Principal Occupation Insurance Regulator	Name of Employer NY State Department of Financial Services		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 07/03/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Hurlbut	First Ann	MI	Contribution ID # 1318
Residential Street Address 234 Lawrence St	City New Haven	State CT	Zip Code 06511
Principal Occupation Graphic Designer	Name of Employer AHdesign		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/03/2018	Aggregate Contributions \$75.00
		Amount of Contribution \$75.00	

Last Name Sorrentino	First Valerie	MI	Contribution ID # 1319
Residential Street Address 9 Ford St	City Ansonia	State CT	Zip Code 06401
Principal Occupation Global Mobility	Name of Employer Global Services Associate		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/03/2018	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

Last Name Henrie	First John	MI	Contribution ID # 1314
Residential Street Address 12 Pheasant Ln	City Suffield	State CT	Zip Code 06078
Principal Occupation Retired	Name of Employer Retired		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/05/2018	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

Last Name Henrie	First Robin	MI	Contribution ID # 1315
Residential Street Address 12 Pheasant Ln	City Suffield	State CT	Zip Code 06078
Principal Occupation Speech and Language Pathologist	Name of Employer Agawam Public Schools		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/05/2018	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	Itemized Statement accompanying application for Public Grant - Amendment

B. Itemized Contributions from Individuals

Last Name Kenneson	First Elizabeth	MI	Contribution ID # 1373
Residential Street Address 71 Tobey Ave	City Windsor	State CT	Zip Code 06095
Principal Occupation Public Library Clerk	Name of Employer Town of Windsor		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/05/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Kenneson	First Gordon	MI	Contribution ID # 1374
Residential Street Address 71 Tobey Ave	City Windsor	State CT	Zip Code 06095
Principal Occupation Retired	Name of Employer Retired		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/05/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Khan	First Mayann	MI	Contribution ID # 1375
Residential Street Address 25 Colton St	City Windsor	State CT	Zip Code 06095
Principal Occupation Student	Name of Employer Student		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/05/2018	Aggregate Contributions \$20.00
		Amount of Contribution \$20.00	

Last Name White	First Nathan	MI	Contribution ID # 1313
Residential Street Address 5 Nutmeg Dr	City Manchester	State CT	Zip Code 06040
Principal Occupation Statistician	Name of Employer Cigna		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/09/2018	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Total of Section B		\$2,880.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS	(Sections A + B) <i>(Total on Line 14, Column A of Summary Page)</i>	\$2,880.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	Itemized Statement accompanying application for Public Grant - Amendment

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	Amount of Contribution
		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	Itemized Statement accompanying application for Public Grant - Amendment

C2. Reimbursements or Surplus Distributions from other Committees

Name of Committee				Name of Treasurer		
Address			Date Received		Amount of Receipt	
City	State	Zip Code	Payment Type			
			Reimbursement for shared expense			
			Surplus distribution from exploratory committee			
Expenditure #	Description					

Total of Section C2

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT			
EVA for CT				Itemized Statement accompanying application for Public Grant - Amendment			
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)						Amount Received	
Street Address		City		State	Zip Code		
Total of Section D							

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT			
EVA for CT				Itemized Statement accompanying application for Public Grant - Amendment			
E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)							
Date of Receipt	Method of Payment					Amount	
	Cash	Personal Check		Credit/Debit Card			
Total of Section E							

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT			
EVA for CT				Itemized Statement accompanying application for Public Grant - Amendment			
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	Itemized Statement accompanying application for Public Grant - Amendment

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

Purpose of Grant:	Grant Cycle:	Date Received	Amount
Initial Grant Adjustment Supplemental/Post Election Deficit	Primary General Election Special Election		

Total of Section H

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
EVA for CT	Itemized Statement accompanying application for Public Grant - Amendment

I. Miscellaneous Monetary Receipts not Considered Contributions

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

Total of Section I

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	Itemized Statement accompanying application for Public Grant - Amendment

J1. Event Information

Event # Date of Event 07/01/2018	Letter A	Description Home Fundraiser	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Location: Street Address 209 Livingston St	City New Haven	State CT	Zip Code 06511
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Was this event hosted at a personal residence?	<input checked="" type="checkbox"/> Yes <input 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.
---	--	--

Subpart 1: 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 <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.) <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$0.00</div>
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Event # Date of Event 07/02/2018	Letter A	Description Meet and Greet Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Location: Street Address 249 Main St	City Stamford	State CT	Zip Code 06901
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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.
---	--	--

Subpart 1: 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 <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.) <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$0.00</div>
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Total of Section J1	\$0.00
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II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	Itemized Statement accompanying application for Public Grant - Amendment

J3. In-Kind Donations Not Considered Contributions

Name of the Donor				
Street Address		City	State	Zip Code
Donation Given by:	Description of Donation			Fair Market Value of Donation
Individual	Date Received	Event #	Aggregate value for this event	
Business Entity				
Sole Proprietorship				

Total of Section J3**II. EVENT ACTIVITY (Sections J1 - J4)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	Itemized Statement accompanying application for Public Grant - Amendment

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

Name of Host		Is this event supporting more than one candidate?		
Elicker, Justin		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Street Address		City	State	Zip Code
209 Livingston St		New Haven	CT	06511
Description of Donation			Fair Market Value of Donation	
Food and drinks for fundraiser at home				
Event #	Aggregate value of this Event - all hosts	Aggregate value of all Events - this host/candidate		
07012018A	\$126.48	\$126.48	\$126.48	

Total of Section J4**\$126.48**

III. NONMONETARY RECEIPTS (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	Itemized Statement accompanying application for Public Grant - 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	Itemized Statement accompanying application for Public Grant - 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	Itemized Statement accompanying application for Public Grant - Amendment
N. Expenses Paid By Committee	

Name of Payee Facebook, Inc		Date of Payment 07/02/2018	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 \$105.18
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 07/02/2018	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 \$60.39
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 Starbucks		Date of Payment 07/03/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 34 Church Hill Rd		City Newtown	State CT	Zip Code 06470
Purpose of Expend FOOD	Description lunch for 3 campaign workers			Amount \$26.59
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	Itemized Statement accompanying application for Public Grant - Amendment
N. Expenses Paid By Committee	

Name of Payee Bentetu Band		Date of Payment 07/06/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1032</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 90 Cherry Ln		City Willimantic	State CT	Zip Code 06226
Purpose of Expend Misc *	Description Band on July 4th at Parade			Amount \$300.00
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 D.S.C.C.		Date of Payment 07/06/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1033</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 30 Arbor St Ste 103		City Hartford	State CT	Zip Code 06106
Purpose of Expend OVHD	Description Connecticut democrats - van charge 2nd pmt			Amount \$5,000.00
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 Stella, Jeff		Date of Payment 07/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1060</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 300 W Broad Street		City Stamford	State CT	Zip Code 06902
Purpose of Expend RMB	Description reimbursement for fundraising event			Amount \$26.59
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 # 07022018A	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	Itemized Statement accompanying application for Public Grant - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedote, Inc		Date of Payment 07/09/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 4017 Buena Visa St # 109		City Dallas	State TX	Zip Code 75209
Purpose of Expend BNK	Description Bank Fees			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 #	\$101.60

Name of Payee Stony Hill Diner		Date of Payment 07/09/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 14 Stoney Hill Rd		City Bethel	State CT	Zip Code 06801
Purpose of Expend FOOD	Description Diner for campaign team - 4 ppl			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 #	\$82.35

Name of Payee Nutshell Cafe		Date of Payment 07/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1061</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 229 White St		City Hartford	State CT	Zip Code 06114
Purpose of Expend FNDR *	Description payment for food for fundraiser held at restaurant on 06/07/18			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 # 06072018A	\$100.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	Itemized Statement accompanying application for Public Grant - Amendment
N. Expenses Paid By Committee	

Name of Payee Alvarado, Frank		Date of Payment 07/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1062</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 51 Lexington Gdns		City North Haven	State CT	Zip Code 06473
Purpose of Expend RMB	Description reimburse for restaurant for 06/08/2018 event			Amount \$300.00
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 Sanchez, Bobby		Date of Payment 07/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1063</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 269 Washington St		City New Britain	State CT	Zip Code 06051
Purpose of Expend RMB	Description reimburse for food, and plates for fundraiser at Puerto Rican Society			Amount \$157.30
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 Caliz, Ricardo		Date of Payment 07/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1064</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 310 Dyer St		City New Haven	State CT	Zip Code 06515
Purpose of Expend RMB	Description reimbursement for food for fundraising event held at Beyond HomeCare facility			Amount \$46.41
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	Itemized Statement accompanying application for Public Grant - Amendment
N. Expenses Paid By Committee	

Name of Payee Caliz, Ricardo		Date of Payment 07/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1065</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 310 Dyer St		City New Haven	State CT	Zip Code 06515
Purpose of Expend FNDR *	Description payment for space used for fundraiser at Beyond HomeCare facility			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 # 06262018A
				\$42.00

Name of Payee United States Post Office		Date of Payment 07/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1066</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box FEE PAYMENT		City Newtown	State CT	Zip Code 06470-9998
Purpose of Expend Misc *	Description PO BOX expense - 6 months PO BOX 639			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 #
				\$68.00

Name of Payee Newtown Savings Bank		Date of Payment 07/09/2018	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 redeposit fee for check # 165 - check amount \$75.00			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 #
				\$16.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	Itemized Statement accompanying application for Public Grant - Amendment
N. Expenses Paid By Committee	

Name of Payee Mandulak, Donna		Date of Payment 07/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1067</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 49 Forest Dr		City Sandy Hook	State CT	Zip Code 06482
Purpose of Expend RMB	Description reimburse for ink cartridges			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 #
				\$65.39

Name of Payee Pollack, Jason		Date of Payment 07/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1068</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 - invoice #2, and invoice #3			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$200.00

Name of Payee Aikens-Nunez, Talia		Date of Payment 07/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1034</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 70 Marvel Rd		City New Haven	State CT	Zip Code 06515
Purpose of Expend REF	Description contribution refund			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$100.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	Itemized Statement accompanying application for Public Grant - Amendment
N. Expenses Paid By Committee	

Name of Payee Allen, Edward		Date of Payment 07/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1035</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 126 Benz St		City Ansonia	State CT	Zip Code 06401
Purpose of Expend REF	Description contribution refund			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 #
				\$25.00

Name of Payee Armstrong, Paula		Date of Payment 07/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1036</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 140 Hartford Ave		City Newington	State CT	Zip Code 06111
Purpose of Expend REF	Description contribution refund			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 #
				\$30.00

Name of Payee Arthur, Will		Date of Payment 07/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1037</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 260 A Pearl St		City Middletown	State CT	Zip Code 06457
Purpose of Expend REF	Description contribution refund			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 #
				\$33.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	Itemized Statement accompanying application for Public Grant - Amendment
N. Expenses Paid By Committee	

Name of Payee Barcellos-Allen, Dana		Date of Payment 07/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1038</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5 Full Brk		City Avon	State CT	Zip Code 06001
Purpose of Expend REF	Description contribution refund			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 #
				\$12.10

Name of Payee Bibisi, Suzan		Date of Payment 07/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1039</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 27 Dorchester Rd		City Wethersfield	State CT	Zip Code 06109
Purpose of Expend REF	Description contribution refund			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 #
				\$50.00

Name of Payee Chapman, Calvin		Date of Payment 07/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1040</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 75 Elizabeth Ave		City Stamford	State CT	Zip Code 06907
Purpose of Expend REF	Description contribution refund			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 #
				\$50.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	Itemized Statement accompanying application for Public Grant - Amendment
N. Expenses Paid By Committee	

Name of Payee Connolly, Thomas		Date of Payment 07/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1041</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 16 Greenhurst Rd		City West Hartford	State CT	Zip Code 06107
Purpose of Expend REF	Description contribution refund			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$100.00

Name of Payee Durso, Daniel		Date of Payment 07/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1042</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 44 Nanel Dr		City Glastonbury	State CT	Zip Code 06033
Purpose of Expend REF	Description contribution refund			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 #
				\$10.00

Name of Payee Feng, Theodore		Date of Payment 07/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1043</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 33 Inglenook Rd		City New Fairfield	State CT	Zip Code 06812
Purpose of Expend REF	Description contribution refund			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$100.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	Itemized Statement accompanying application for Public Grant - Amendment
N. Expenses Paid By Committee	

Name of Payee Garrett, Dan		Date of Payment 07/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1044</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 47 Andover Rd		City Hamden	State CT	Zip Code 06518
Purpose of Expend REF	Description contribution refund			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 #
				\$15.00

Name of Payee Gould, George		Date of Payment 07/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1045</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 65 Iunxis Rd		City West Hartford	State CT	Zip Code 06107
Purpose of Expend REF	Description contribution refund			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 #
				\$25.00

Name of Payee Heimer, Win		Date of Payment 07/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1046</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 799 Prospect Ave		City Hartford	State CT	Zip Code 06105
Purpose of Expend REF	Description contribution refund			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 #
				\$7.71

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	Itemized Statement accompanying application for Public Grant - Amendment
N. Expenses Paid By Committee	

Name of Payee Kenney, Catherine		Date of Payment 07/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1047</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 580 Cherry Brook Rd		City Canton	State CT	Zip Code 06019
Purpose of Expend REF	Description contribution refund			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$100.00

Name of Payee Lappos, Amy		Date of Payment 07/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1048</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 92 Mayflower Pl		City Milford	State CT	Zip Code 06460
Purpose of Expend REF	Description contribution refund			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 #
				\$31.00

Name of Payee Marquis, Tessa		Date of Payment 07/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1049</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 67 Point Beach Dr		City Milford	State CT	Zip Code 06460
Purpose of Expend REF	Description contribution refund			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 #
				\$77.10

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	Itemized Statement accompanying application for Public Grant - Amendment
N. Expenses Paid By Committee	

Name of Payee Mitchtum, Joshua		Date of Payment 07/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1050</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 135 Madison Ave		City Hartford	State CT	Zip Code 06106
Purpose of Expend REF	Description contribution refund			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$250.00

Name of Payee Miller, Susan		Date of Payment 07/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1051</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 10 Ethan Dr		City Windsor	State CT	Zip Code 06095
Purpose of Expend REF	Description contribution refund			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 #
				\$25.00

Name of Payee Noonan, Dave		Date of Payment 07/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1052</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 53 Park Lane Rd		City New Milford	State CT	Zip Code 06776
Purpose of Expend REF	Description contribution refund			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 #
				\$25.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	Itemized Statement accompanying application for Public Grant - Amendment
N. Expenses Paid By Committee	

Name of Payee Perez, Eddie		Date of Payment 07/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1053</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 64 Catherine St		City Hartford	State CT	Zip Code 06106
Purpose of Expend REF	Description contribution refund			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$100.00

Name of Payee Robinson, Ellen		Date of Payment 07/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1054</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 141 Elizabeth St		City Hartford	State CT	Zip Code 06105
Purpose of Expend REF	Description contribution refund			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 #
				\$50.00

Name of Payee Summerville, Andrew		Date of Payment 07/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1055</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 120 Pie Hill Rd		City Goshen	State CT	Zip Code 06756
Purpose of Expend REF	Description contribution refund			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$150.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	Itemized Statement accompanying application for Public Grant - Amendment
N. Expenses Paid By Committee	

Name of Payee St Amour, Matthew		Date of Payment 07/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1056</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 89 Gardner Ave		City New London	State CT	Zip Code 06320
Purpose of Expend REF	Description contribution refund			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$100.00

Name of Payee Santilli, Alycia		Date of Payment 07/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1057</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 235 Woodward Ave		City New Haven	State CT	Zip Code 06510
Purpose of Expend REF	Description contribution refund			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 #
				\$50.00

Name of Payee Samaha, Jimmetta		Date of Payment 07/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1058</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 208 Southern Blvd		City Danbury	State CT	Zip Code 06810
Purpose of Expend REF	Description contribution refund			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$100.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	Itemized Statement accompanying application for Public Grant - Amendment
N. Expenses Paid By Committee	

Name of Payee Arriaga, Ashley	Date of Payment 07/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1069</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 380 Daleville Ave	City Willington	State CT	Zip Code 06279
Purpose of Expend TRVL	Description reimburse for mileage 1732.5 miles from June 1 - July 2nd @IRS 2018 rate 54.5 cents	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 # \$944.21
Total of Section N			\$9,257.92

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT		
	Itemized Statement accompanying application for Public Grant - Amendment		
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
Purpose of Expenditure (by code)	Description	Event #	
Total of Section O			

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
EVA for CT			Itemized Statement accompanying application for Public Grant - Amendment	
Q. Expenses Incurred By Committee but Not Paid During this Period				
Name of Creditor Razor Solutions Group			Date Incurred 07/06/2018	
Street Address 505 Pryor St SW		City Atlanta	State GA	Zip Code 30312
Purpose of Expenditure (by code) CNSLT	Description Fundraising consultant from 07/01 - 07/06/18 not invoiced yet			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			\$1,000.00	
Name of Creditor Leopoldo Navarro			Date Incurred 07/08/2018	
Street Address 47 Rogers St Apt 4		City New London	State CT	Zip Code 06320
Purpose of Expenditure (by code) WAGE	Description wage for Latino Outreach under contract not invoiced yet week ending 07/08/18			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	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
EVA for CT		Itemized Statement accompanying application for Public Grant - Amendment	
Q. Expenses Incurred By Committee but Not Paid During this Period			
Name of Creditor Kennard Ray		Date Incurred 07/08/2018	
Street Address 32 Elm St Apt 4	City Hartford	State CT	Zip Code 06106
Purpose of Expenditure (by code) WAGE	Description wage for State Field Director - under contract - not invoiced yet - week ending 07/08/18	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
Name of Creditor DePaolo, Clinton		Date Incurred 07/08/2018	
Street Address 39 Buttonball Dr	City Sandy Hook	State CT	Zip Code 06482
Purpose of Expenditure (by code) WAGE	Description wage for July 2-8, 2018 not paid yet	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		Itemized Statement accompanying application for Public Grant - Amendment	
Q. Expenses Incurred By Committee but Not Paid During this Period			
Name of Creditor Dayna Lindo		Date Incurred 07/09/2018	
Street Address 84 Harlem Ave	City Bridgeport	State CT	Zip Code 06606
Purpose of Expenditure (bv code) WAGE	Description Wage for period of 07/02 - 07/09/18 under contract - not invoiced yet	Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and completes Itemization in Addendum Q	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$875.00
Total of Section Q			\$4,425.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	Itemized Statement accompanying application for Public Grant - Amendment

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Alvarado	First Frank	MI	Date of Payment to Vendor 06/08/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1062 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Banana Brazil Restaurant
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Street Address of Vendor 124 Hanover St	City Meriden	State CT	Zip Code 06450
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Purpose of Expenditure (by code) FNDR *	Description Food and beverage for committee fundraiser on June 8, 2018
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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 # 06082018A	Amount \$300.00
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Sanchez	First Bobby	MI	Date of Payment to Vendor 06/14/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1063 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Sams Club

Street Address of Vendor 3465 Berlin Tnpke	City Newington	State CT	Zip Code 06111
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Purpose of Expenditure (by code) FNDR *	Description food and paper products for event held at puerto rican society
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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 # 06142018A	Amount \$105.21
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	Itemized Statement accompanying application for Public Grant - Amendment

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Sanchez	First Bobby	MI	Date of Payment to Vendor 06/14/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1063 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant New Pizza Corner LLC
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Street Address of Vendor 36 Broad St	City New Britain	State CT	Zip Code 06053
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Purpose of Expenditure (by code) FNDR *	Description food purchased for fundraiser at Puerto Rican society
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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 # 06142018A	Amount \$52.09
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Caliz	First Ricardo	MI	Date of Payment to Vendor 06/26/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1064 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Eddys Bake Shop

Street Address of Vendor 317 Main St	City Ansonia	State CT	Zip Code 06401
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Purpose of Expenditure (by code) FNDR *	Description food purchased for fundraiser at Beyond HomeCare facility
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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 # 06262018A	Amount \$46.41
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	Itemized Statement accompanying application for Public Grant - Amendment

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Mandulak	First Donna	MI	Date of Payment to Vendor 07/02/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1067 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant CVS Pharmacy
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Street Address of Vendor 6 Queen St	City Newtown	State CT	Zip Code 06470
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Purpose of Expenditure (by code) OFFICE	Description Ink cartridges
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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 \$65.39
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Stella	First Jefferey	MI	Date of Payment to Vendor 07/02/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1060 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Fiesta On Main
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Street Address of Vendor 249 Main St	City Stamford	State CT	Zip Code 06901
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Purpose of Expenditure (by code) FNDR *	Description reimburse for food for fundraiser at Fiesta on Main 07/02/18
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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 # 07022018A	Amount \$26.59
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Total of Section R	\$595.69
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IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	Itemized Statement accompanying application for Public Grant - Amendment

S. Surplus Distribution of Equipment and Furniture

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

Section J4. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

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

Event #	
Name of Candidate	

Section N. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

N. Expenses Paid By Committee - Addendum

Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

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

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

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