

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

Revised February 2015



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Page 1 of 20

COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
Bermudez for NH				☒ Candidate Committee ☐ Exploratory Committee	
3. TREASURER NAME					
First	MI	Last		Suffix	
shannon	G	raider			
4. TREASURER ADDRESS					
Street Address	City	State	Zip Code		
10 Field St	New Haven	CT	06515-1620		
5. ELECTION DATE	6. OFFICE SOUGHT (Complete only if Candidate Committee)			7. DISTRICT NUMBER (if applicable)	
11/03/2026	State Representative			R097	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First	MI	Last		Suffix	
Wildaliz		Bermudez			
9. TYPE OF REPORT					
Second Weekly Supplemental Filing Primary - Original					
10. PERIOD COVERED					
Beginning Date Ending Date					
07/22/2026 thru 07/28/2026					
11. CERTIFICATION					
☒ I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.					
Electronic Filing		shannon raider		07/30/2026 10:24:50AM	
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED	
A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.					

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
Bermudez for NH	Second Weekly Supplemental Filing Primary - Original	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$40,073.15	
14. Contributions received from Individuals (Section A and B)	\$0.00	\$7,175.66
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$0.00	\$39,054.89
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$0.00	\$46,230.55
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$40,073.15	\$46,230.55
20. Expenses Paid by Committee (Section N)	\$8,413.01	\$14,570.41
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$31,660.14	\$31,660.14
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)	\$107.81	\$276.29
24. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
25. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$607.27
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$171.60	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Bermudez for NH				Second Weekly Supplemental Filing Primary - Original	
A. Total Contributions from Small Contributors-Received this Period ONLY				For Nonparticipating Candidates ONLY	
B. Itemized Contributions from Individuals					
Last Name		First		MI	Contribution ID #
Residential Street Address		City		State	Zip Code
Principal Occupation			Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor?			Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
Yes No If yes, indicate which branch or branches of government the contract is with: Executive Legislative			Yes No If yes, list Event #		
Is this contribution associated with an event reported in Section J1?	Yes	Method of contribution:		Date Received	Aggregate Contributions
	No	Cash Personal Check Money Order Credit/Debit Card			
Total of Section B					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Total on Line 14, Column A of Summary Page)					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Bermudez for NH				Second Weekly Supplemental Filing Primary - Original	
C1. Contributions from Other Committees					
Name of Committee			Name of Treasurer		
Address			Is this contribution associated with an event reported in Section J1?		Amount of Contribution
			Yes No If yes, list Event #		
City	State	Zip Code	Date Received	Aggregate Contributions	
Total of Section C1					

I. MONETARY RECEIPTS (Section A-I)

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

I. MONETARY RECEIPTS (Section A-I)

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

I. MONETARY RECEIPTS (Section A-I)

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

E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)

Date of Receipt	Method of Payment	Amount
	Cash Personal Check Credit/Debit Card	
Total of Section E		

I. Monetary Receipts (Section A-I)

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

G. Interest from Deposits in Authorized Accounts

Name of Institution	Date Received	Amount
Street Address	City	State Zip Code
Total of Section G		

I. MONETARY RECEIPTS (Section A-I)

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

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	
Bermudez for NH				Second Weekly Supplemental Filing Primary - Original	
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
Total of Section I					

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Bermudez for NH				Second Weekly Supplemental Filing Primary - Original	
J1. Event Information					
Event # Date of Event 07/25/2026	Letter C	Description Meet and Greet Event			Was this a fundraising event? ☐ Yes ☒ No
Location: Street Address 17 Pine St .			City New Haven	State CT	Zip Code 06513
Was this event hosted at a personal residence?		☒ Yes ☐ No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any 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?		☐ Yes ☒ No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		☐ Yes ☒ No	(If yes, enter Total Receipts here.)		\$0.00
Total of Section J1					\$0.00

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Bermudez for NH

Second Weekly Supplemental Filing Primary - Original

J3. In-Kind Donations Not Considered Contributions

Name of the Donor

Street Address

City

State

Zip Code

Donation Given by:

Description of Donation

Fair Market Value of Donation

Individual

Business Entity

Sole Proprietorship

Date Received

Event #

Aggregate value for this event

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Bermudez for NH

Second Weekly Supplemental Filing Primary - Original

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

Name of Host

Zelda Roland

Is this event supporting more than one candidate?

☐ Yes☒ No

If yes, complete Itemization in Addendum J4

Street Address

17 Pine St .

City

New Haven

State

CT

Zip Code

06513

Description of Donation

paper goods, food and beverages from Target and Staples

Fair Market Value of Donation

Event #

07252026C

Aggregate value of this Event - all hosts

\$107.81

Aggregate value of all Events - this host/candidate

\$107.81

\$107.81

Total of Section J4**\$107.81**

III. NONMONETARY RECEIPTS (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bermudez for NH	Second Weekly Supplemental Filing Primary - Original
K. In-Kind Contributions	

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

Total of Section K

III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bermudez for NH	Second Weekly Supplemental Filing Primary - Original
L. Refundable Deposit to Telephone Company	

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

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Aneetria Rowland		Date of Payment 07/24/2026	Method of Payment ☒ Check # <u>127</u> ☐ Debit Card ☐ EFT	
Street Address 1561 Quinnipiac Ave		City New Haven	State CT	Zip Code 06513
Purpose of Expendit WAGE	Description canvasser			Amount \$510.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Ayden Negron Montezuma		Date of Payment 07/24/2026	Method of Payment ☒ Check # <u>128</u> ☐ Debit Card ☐ EFT	
Street Address 1561 Quinnipiac Ave		City New Haven	State CT	Zip Code 06513
Purpose of Expendit WAGE	Description canvasser			Amount \$410.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Iris Rodriguez		Date of Payment 07/24/2026	Method of Payment ☒ Check # <u>129</u> ☐ Debit Card ☐ EFT	
Street Address 311 Eastern St Apt C401 ,		City New Haven	State CT	Zip Code 06513
Purpose of Expendit WAGE	Description Canvasser			Amount \$120.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Dania Torres		Date of Payment 07/24/2026	Method of Payment ☒ Check # <u>130</u> ☐ Debit Card ☐ EFT	
Street Address 368 Summit St		City New Haven	State CT	Zip Code 06513
Purpose of Expendit WAGE	Description cavasser			Amount \$40.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Maria Isabel Egas		Date of Payment 07/24/2026	Method of Payment ☒ Check # <u>131</u> ☐ Debit Card ☐ EFT	
Street Address 540 First Ave		City West Haven	State CT	Zip Code 06516
Purpose of Expendit WAGE	Description canvasser			Amount \$180.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Luz Adriana Ruiz Mayorga		Date of Payment 07/24/2026	Method of Payment ☒ Check # <u>132</u> ☐ Debit Card ☐ EFT	
Street Address 96 Livingston St Apt 37		City New Haven	State CT	Zip Code 06511
Purpose of Expendit WAGE	Description canvasser			Amount \$40.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Shara Valentina Prada Ruiz		Date of Payment 07/24/2026	Method of Payment ☒ Check # <u>133</u> ☐ Debit Card ☐ EFT	
Street Address 96 Livingston St Apt 37		City New Haven		State CT
Zip Code 06511				
Purpose of Expendit WAGE	Description Canvasser			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$40.00

Name of Payee Yenny Biviana Orozco Ramirez		Date of Payment 07/24/2026	Method of Payment ☒ Check # <u>134</u> ☐ Debit Card ☐ EFT	
Street Address 20 Osmand St		City East Haven		State CT
Zip Code 06512				
Purpose of Expendit WAGE	Description Canvasser			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$40.00

Name of Payee Alejandro Rojas		Date of Payment 07/24/2026	Method of Payment ☒ Check # <u>135</u> ☐ Debit Card ☐ EFT	
Street Address 94 Carlisle St Apt 1		City New Haven		State CT
Zip Code 06519				
Purpose of Expendit WAGE	Description Canvasser			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$60.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Jayson Gonzales		Date of Payment 07/24/2026	Method of Payment ☒ Check # <u>136</u> ☐ Debit Card ☐ EFT	
Street Address 94 Carlisle St Apt 1		City New Haven	State CT	Zip Code 06519
Purpose of Expendit WAGE	Description Canvasser		Amount \$60.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		

Name of Payee Alexander Rodriguez		Date of Payment 07/24/2026	Method of Payment ☒ Check # <u>137</u> ☐ Debit Card ☐ EFT	
Street Address 98 Olive St Unit 210C		City New Haven	State CT	Zip Code 06511
Purpose of Expendit WAGE	Description Canvasser		Amount \$80.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		

Name of Payee Laila Kelly-Walker		Date of Payment 07/24/2026	Method of Payment ☒ Check # <u>138</u> ☐ Debit Card ☐ EFT	
Street Address 264 Lenox St Apt 2		City New Haven	State CT	Zip Code 06513
Purpose of Expendit WAGE	Description Canvasser		Amount \$180.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Meta		Date of Payment 07/24/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1 Meta Way		City Menlo Park		State CA
Zip Code 94025				
Purpose of Expendit A-WEB	Description Meta ads on facebook			Amount \$0.57
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Meta		Date of Payment 07/24/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1 Meta Way		City Menlo Park		State CA
Zip Code 94025				
Purpose of Expendit A-WEB	Description			Amount \$16.54
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Esme Ginsburg		Date of Payment 07/24/2026	Method of Payment ☒ Check # 125 ☐ Debit Card ☐ EFT	
Street Address 285 First Ave .		City E Greenwich		State RI
Zip Code 02818				
Purpose of Expendit WAGE	Description canvasser			Amount \$510.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Abdul Osmanu		Date of Payment 07/24/2026	Method of Payment ☒ Check # <u>139</u> ☐ Debit Card ☐ EFT	
Street Address 41 North St .		City Hamden	State CT	Zip Code 06514
Purpose of Expendit CNSLT	Description strategist, manage canvass			Amount \$1,435.90
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	
Name of Payee CCM & Co.		Date of Payment 07/26/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1022 Boulevard # 329		City West Hartford	State CT	Zip Code 06119
Purpose of Expendit A-DM	Description mailers			Amount \$4,200.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	
Name of Payee Yisenia Martinez Alamo		Date of Payment 07/26/2026	Method of Payment ☒ Check # <u>126</u> ☐ Debit Card ☐ EFT	
Street Address 1580 Main St Apt 3A		City Hartford	State CT	Zip Code 06120
Purpose of Expendit WAGE	Description canvasser			Amount \$190.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee Jake Sollins		Date of Payment 07/28/2026	Method of Payment ☒ Check # <u>140</u> ☐ Debit Card ☐ EFT	
Street Address 60-73 71st Ave apr. 1		City Queens	State NY	Zip Code 11385
Purpose of Expendit CNSLT	Description graphic design touch ups on materials			Amount \$100.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	
Name of Payee Ericka Perrson		Date of Payment 07/28/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 434 Greene Ave Apt 2		City Brooklyn	State NY	Zip Code 11216
Purpose of Expendit CNSLT	Description managing social media ads			Amount \$200.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	
Total of Section N				\$8,413.01

IV. EXPENDITURES (Sections N - S)

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
Bermudez for NH					Second Weekly Supplemental Filing Primary - Original	
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution				Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☐ Other		
Name of Vendor					Date of Transaction	
Street Address			City		State	Zip Code
Purpose of Expenditure (by code)	Description				Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Yes No	Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum P						
Total of Section P						

IV. EXPENDITURES (Sections N - S)

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

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

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

Total of Section Q

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Bermudez for NH

Second Weekly Supplemental Filing Primary - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant

First

MI

Date of Payment to Vendor

Payment to Reimburse Committee
Worker/Consultant as reported in
Section N:

Check #

Debit Card

EFT

Name of Vendor Paid by Committee Worker/Consultant

Street Address of Vendor

City

State

Zip Code

Purpose of Expenditure
(by code)

Description

Is this expenditure coordinated with another candidate for which
reimbursement is sought?

Yes

No

Expenditure #
(if applicable)

Event #

Amount

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

Total of Section R**IV. EXPENDITURES (Sectuibs N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Bermudez for NH

Second Weekly Supplemental Filing Primary - Original

S. Surplus Distribution of Equipment and Furniture

Name of Recipient

Street Address

City

State

Zip Code

Original Purchase
Amount of Item

Description of Item

Total of Section S

Section J4. ADDENDUM

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

Section N. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT
N. Expenses Paid By Committee - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

Section P. ADDENDUM

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

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

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