



**COVER PAGE**

1. NAME OF COMMITTEE			2. TYPE OF COMMITTEE		
EVA for CT			<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee		
3. TREASURER NAME					
First Christian	MI E	Last Soto		Suffix	
4. TREASURER ADDRESS					
Street Address 18 Crouch St	City New London	State CT	Zip Code 06320		
5. ELECTION DATE 11/06/2018	6. OFFICE SOUGHT (Complete only if Candidate Committee) Lieutenant Governor			7. DISTRICT NUMBER (if applicable)	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Eva	MI	Last Bermudez Zimmerman		Suffix	
9. TYPE OF REPORT					
Second Weekly Supplemental Filing Primary - Amendment					
10. PERIOD COVERED					
Beginning Date		Ending Date			
07/18/2018		thru		07/24/2018	
11. CERTIFICATION					
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.					
Electronic Filing SIGNATURE	Donna Mandulak PRINT NAME OF THE SIGNER	07/31/2018 11:18:14PM DATE CERTIFIED			
<p><b>A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.</b></p>					

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
<b>EVA for CT</b>	Second Weekly Supplemental Filing Primary - Amendment	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		<b>\$0.00</b>
13. Balance on hand at the beginning of Reporting Period	<b>\$16,775.02</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$0.00</b>	<b>\$65,278.42</b>
15. Receipts from Other Committees (Sections C1 and C2)	<b>\$0.00</b>	<b>\$40.16</b>
16. Other Monetary Receipts (Section D through I)	<b>\$0.00</b>	<b>\$0.02</b>
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	<b>\$0.00</b>	<b>\$0.00</b>
18. Total Monetary Receipts (add totals for lines 14 through 17)	<b>\$0.00</b>	<b>\$65,318.60</b>
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	<b>\$16,775.02</b>	<b>\$65,318.60</b>
20. Expenses Paid by Committee (Section N)	<b>\$1,750.00</b>	<b>\$50,293.58</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	<b>\$15,025.02</b>	<b>\$15,025.02</b>
22. In-Kind Donations not Considered Contributions Received (Section J3)	<b>\$0.00</b>	<b>\$0.00</b>
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	<b>\$0.00</b>	<b>\$2,159.16</b>
24. In-Kind Contributions Received (Section K)	<b>\$0.00</b>	<b>\$0.00</b>
25. Refundable Deposit to Telephone Company (Section L)	<b>\$0.00</b>	<b>\$0.00</b>
26. Beginning Loan Balance	<b>-\$750.00</b>	
26a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
26b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26c. - Payments on Loan(s)	<b>\$0.00</b>	<b>\$750.00</b>
26d. Total Outstanding Loan Amount	<b>-\$750.00</b>	
27. Campaign Expenses Paid By Candidate (Section O)	<b>\$0.00</b>	<b>\$1,771.48</b>
28. Expenses Incurred on Committee Credit Card (Section P)	<b>\$0.00</b>	<b>\$0.00</b>
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	<b>\$31,791.55</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$102,719.24</b>	

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

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

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

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

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

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

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

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

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

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

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

NAME OF COMMITTEE	TYPE OF REPORT
EVA for CT	Second Weekly Supplemental Filing Primary - 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	Second Weekly Supplemental Filing Primary - 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	Second Weekly Supplemental Filing Primary - 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				Second Weekly Supplemental Filing Primary - Amendment	
<b>I. Miscellaneous Monetary Receipts not Considered Contributions</b>					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
<b>Total of Section I</b>					

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

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

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	Second Weekly Supplemental Filing Primary - Amendment
<b>J3. In-Kind Donations Not Considered Contributions</b>	

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				
<b>Total of Section J3</b>				

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
EVA for CT	Second Weekly Supplemental Filing Primary - Amendment
<b>J4. In-Kind Donations Not Considered Contributions Associated with a House Party</b>	

Name of Host	Is this event supporting more than one candidate?		
	Yes	No	If yes, complete Itemization in Addendum J4
Street Address	City	State	Zip Code
Description of Donation			Fair Market Value of Donation
Event #	Aggregate value of this Event - all hosts	Aggregate value of all Events - this host/candidate	

<b>Total of Section J4</b>		
----------------------------	--	--

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

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

**K. In-Kind Contributions**

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

**Total of Section K**

**III. Non Monetary Receipts (Sections K - L)**

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

**L. Refundable Deposit to Telephone Company**

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

**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	Second Weekly Supplemental Filing Primary - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Puerto Ricans United Inc		Date of Payment 07/18/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1075</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 466 Middletown Ave # 19		City New Haven	State CT	Zip Code 06513
Purpose of Expend A-OTH	Description Advertise in Banquet Booklet dated 07/26/18			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$100.00

Name of Payee Simplified Impact c/o Ana Raynes		Date of Payment 07/19/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 21 Orchard Ave		City Narragansett	State RI	Zip Code 02882
Purpose of Expend WAGE	Description Web design - wordpress website			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 #
				\$900.00

Name of Payee Facebook, Inc		Date of Payment 07/23/2018	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 Instagram Ads			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 #
				\$159.13

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

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

Name of Payee Facebook, Inc		Date of Payment 07/23/2018	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 Ads			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 #
				\$590.87
<b>Total of Section N</b>				<b>\$1,750.00</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REPORT	
EVA for CT						Second Weekly Supplemental Filing Primary - Amendment	
O. Expenses Paid By Candidate							
Name of Payee (Name of vendor who candidate paid directly)					Date of Payment		Is Reimbursement Claimed?
<b>Best Buy</b>					<b>07/18/2018</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street Address			City		State	Zip Code	Amount
<b>120 Slater Rd</b>			<b>Manchester</b>		<b>CT</b>	<b>06042</b>	
Purpose of Expenditure (by code)	Description				Event #		Amount
<b>OFFICE</b>	<b>Selfie Stick for campaign Video recording</b>						
							<b><del>\$11.69</del></b>
Name of Payee (Name of vendor who candidate paid directly)					Date of Payment		Is Reimbursement Claimed?
<b>Mi Sabor Restaurant</b>					<b>07/20/2018</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street Address			City		State	Zip Code	Amount
<b>75 Park St</b>			<b>Hartford</b>		<b>CT</b>	<b>06106</b>	
Purpose of Expenditure (by code)	Description				Event #		Amount
<b>FOOD</b>	<b>Campaign lunch 2 people</b>						
							<b><del>\$14.89</del></b>
Name of Payee (Name of vendor who candidate paid directly)					Date of Payment		Is Reimbursement Claimed?
<b>Criolissimo Restaurant</b>					<b>07/20/2018</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street Address			City		State	Zip Code	Amount
<b>340 Arch St</b>			<b>New Britain</b>		<b>CT</b>	<b>06051</b>	
Purpose of Expenditure (by code)	Description				Event #		Amount
<b>FOOD</b>	<b>reimburse candidate for lunch for 2 campaign workers</b>						
							<b><del>\$35.63</del></b>
Name of Payee (Name of vendor who candidate paid directly)					Date of Payment		Is Reimbursement Claimed?
<b>Lake Zoar Drive In</b>					<b>07/21/2018</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street Address			City		State	Zip Code	Amount
<b>14 Roosevelt Dr</b>			<b>Stevenson</b>		<b>CT</b>	<b>06491</b>	
Purpose of Expenditure (by code)	Description				Event #		Amount
<b>FOOD</b>	<b>reimburse candidate for dinner for 2 campaign workers</b>						
							<b><del>\$24.19</del></b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
EVA for CT				Second Weekly Supplemental Filing Primary - Amendment	
<b>O. Expenses Paid By Candidate</b>					
Name of Payee (Name of vendor who candidate paid directly)			Date of Payment		Is Reimbursement Claimed?
Sushi Palace			07/24/2018		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State	Zip Code	Amount
538 Boston Post Rd # 15		Orange	CT	06477	
Purpose of Expenditure (by code)	Description		Event #		Amount
FOOD	reimburse candidate for dinner for 3 campaign workers				
					<del>\$74.13</del>
<b>Total of Section O</b>					<b>\$0.00</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
EVA for CT				Second Weekly Supplemental Filing Primary - Amendment	
<b>P. Expenses Incurred on Committee Credit Card</b>					
Name of Issuing Institution			Type of Credit Card:		
			<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other		
Name of Vendor				Date of Transaction	
Street Address			City	State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		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					
<b>Total of Section P</b>					

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
EVA for CT		Second Weekly Supplemental Filing Primary - Amendment	
Q. Expenses Incurred By Committee but Not Paid During this Period			
Name of Creditor Pollack, Jason		Date Incurred 07/19/2018	
Street Address 6708 Akron St	City Philadelphia	State PA	Zip Code 19149
Purpose of Expenditure (by code)  Misc *	Description  Conference Call tech assistance & production	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			\$100.00
Name of Creditor DePaolo, Clinton		Date Incurred 07/22/2018	
Street Address 39 Buttonball Dr	City Sandy Hook	State CT	Zip Code 06482
Purpose of Expenditure (by code)  WAGE	Description  wage for week 07/16 - 07/22/18	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			\$450.00

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

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

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

Name of Creditor Marisa Lindsey		Date Incurred 07/22/2018	
Street Address 112 Thistle Pond Dr	City Bloomfield	State CT	Zip Code 06002
Purpose of Expenditure (by code)  WAGE	Description  wage for week 07/17- 07/22/18	Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			\$750.00
Name of Creditor Arriaga, Ashley		Date Incurred 07/22/2018	
Street Address 380 Daleville Ave	City Willington	State CT	Zip Code 06279
Purpose of Expenditure (by code)  WAGE	Description  wage for week 07/15 - 07/22/18	Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			\$500.00

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

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

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

Name of Creditor Nick Fulchino		Date Incurred 07/22/2018	
Street Address 283 Orchard Hill Rd	City Pomfret Center	State CT	Zip Code 06259
Purpose of Expenditure (by code)  WAGE	Description  wage for week ending 07/22/18	Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			\$750.00
Name of Creditor Diana Martinez		Date Incurred 07/22/2018	
Street Address 39 W Main St	City Meriden	State CT	Zip Code 06451
Purpose of Expenditure (by code)  WAGE	Description  wage for week ending 07/22/18	Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			\$500.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
EVA for CT		Second Weekly Supplemental Filing Primary - Amendment	
Q. Expenses Incurred By Committee but Not Paid During this Period			
Name of Creditor <b>Nika Milbrun</b>		Date Incurred <b>07/22/2018</b>	
Street Address <b>31 Raymond St</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06902</b>
Purpose of Expenditure (by code)  <b>WAGE</b>	Description  <b>wage for week 07/15 - 07/17/18</b>	Amount Incurred (Estimate or Actual)          <b>\$1,000.00</b>	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, assign an Expenditure # and completes Itemization in Addendum Q		Expenditure # (if applicable)	Event #
Name of Creditor <b>Kennard Ray</b>		Date Incurred <b>07/22/2018</b>	
Street Address <b>32 Elm St Apt 4</b>	City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06106</b>
Purpose of Expenditure (by code)  <b>WAGE</b>	Description  <b>wage for week 07/16 - 07/22/18</b>	Amount Incurred (Estimate or Actual)          <b>\$1,250.00</b>	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, assign an Expenditure # and completes Itemization in Addendum Q		Expenditure # (if applicable)	Event #



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
EVA for CT		Second Weekly Supplemental Filing Primary - Amendment	
Q. Expenses Incurred By Committee but Not Paid During this Period			
Name of Creditor <b>Leopoldo Navarro</b>		Date Incurred <b>07/22/2018</b>	
Street Address <b>47 Rogers St Apt 4</b>	City <b>New London</b>	State <b>CT</b>	Zip Code <b>06320</b>
Purpose of Expenditure (by code) <b>WAGE</b>	Description <b>wage for week 07/16- 07/22/18</b>	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			<b>\$850.00</b>
Name of Creditor <b>Murray, Jeremy</b>		Date Incurred <b>07/23/2018</b>	
Street Address <b>48 Mortimer St SE</b>	City <b>Atlanta</b>	State <b>GA</b>	Zip Code <b>30317</b>
Purpose of Expenditure (by code) <b>RMB</b>	Description <b>Reimbursement for parking &amp; meals</b>	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			<b>\$45.55</b>

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

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

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

Name of Creditor The Latino Way LLC		Date Incurred 07/23/2018	
Street Address 330 Main St Fl 3	City Hartford	State CT	Zip Code 06106
Purpose of Expenditure (by code)  CNSLT	Description  Advertising consultant	Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum Q		Expenditure # (if applicable)	Event #
			\$24,256.00
Name of Creditor Jennine Lupo		Date Incurred 07/24/2018	
Street Address 109 E Chestnut Hill Rd	City Litchfield	State CT	Zip Code 06759
Purpose of Expenditure (by code)  WAGE	Description  wage for week 07/18 - 07/24/18	Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum Q		Expenditure # (if applicable)	Event #
			\$840.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
EVA for CT				Second Weekly Supplemental Filing Primary - Amendment	
Q. Expenses Incurred By Committee but Not Paid During this Period					
Name of Creditor William Durham			Date Incurred 07/24/2018		
Street Address 224 City View Ave		City Bridgeport		State CT	Zip Code 06606
Purpose of Expenditure (by code)  WAGE	Description  wage for week 07/18 - 07/24/18			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 #	\$500.00
Name of Creditor <b>Bermudez-Zimmerman, Eva</b>			Date Incurred <b>07/24/2018</b>		
Street Address <b>22-Bankside Trl</b>		City <b>Sandy Hook</b>		State <b>CT</b>	Zip Code <b>06482</b>
Purpose of Expenditure (by code)  <b>RMB</b>	Description  <b>Reimburse-candidate-for-office-expense-&amp;-meals-for-campaign-workers</b>			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 #	<b>\$160.53-</b>
<b>Total of Section Q</b>				<b>\$31,791.55</b>	

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

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

**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				
<b>Total of Section R</b>				

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

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

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

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

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

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

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

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

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